

[Company Name]
[Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee ID]
[Address]

Subject: Notification of Shift Elimination and Layoff

Dear [Employee Name],

Please be advised that due to [reason for change, e.g., operational restructuring/reduction in production requirements], [Company Name] has made the difficult decision to eliminate the [Name of Shift, e.g., Third Shift/Night Shift] at our [Location/Department] facility.

As a result of this shift elimination, your position as [Job Title] is being eliminated, and your employment will be terminated effective [Final Date of Employment].

This decision is final and is based on shift requirements rather than individual performance. Please take note of the following information regarding your separation:

- **Final Paycheck:** You will receive your final wages on [Date], which will include pay for hours worked through your last day [and accrued unused vacation/PTO, if applicable].
- **Benefits:** Your health insurance coverage will continue until [Date]. You will receive a separate package via mail regarding your COBRA rights and options for continuing coverage.
- **Company Property:** Please return all company property, including keys, badges, and equipment, to [Department/Person] by [Date/Time].
- **Reference:** The company will provide a neutral reference confirming your dates of employment and position held.

We appreciate the contributions you have made during your time with [Company Name]. If you have questions regarding your benefits or this transition, please contact [HR Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Manager/HR Representative]
[Title]