

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

[Date]

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

Subject: Notice of Layoff - Discontinuation of Night Shift Operations

Dear [Employee Name],

Please accept this letter as formal notification that [Company Name] has decided to discontinue its night shift operations, effective [Last Date of Shift].

As a result of this operational change, your position as [Job Title] will be eliminated, and your employment will terminate on [Termination Date]. This decision is based solely on the closure of the shift and is not a reflection of your individual performance.

Below is information regarding your final compensation and benefits:

- **Final Pay:** Your final paycheck, including all wages earned up to your last day and any accrued [PTO/Vacation] time, will be issued on [Date].
- **Benefits:** Your health insurance coverage will continue until [End Date]. You will receive separate information regarding COBRA enrollment.
- **Severance:** [Optional: Detail severance pay or state "No severance is available"].
- **Company Property:** Please return all company property, including keys, badges, and equipment, by [Date].

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

We wish you the best in your future endeavors.

Sincerely,

[Signature]
[Name of Sender]
[Title]