

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Notice of Third Shift Closure and Employment Termination

Dear [Employee Name],

Please be advised that [Company Name] has made the difficult decision to permanently close all third-shift operations at our [Location/Facility Name] facility. This decision is due to [Reason: e.g., economic conditions, restructuring, or decreased production demands].

As a result of this shift closure, your position as [Job Title] is being eliminated. Your final day of employment will be [Final Date].

Final Pay and Benefits:

- Your final paycheck, including payment for all hours worked through your last day, will be issued on [Date].
- [Optional] You will be paid for any accrued but unused Vacation/PTO time in accordance with company policy.
- Your health insurance benefits will continue through [Date]. You will receive a separate package regarding COBRA enrollment.

Company Property:

Please return all company property, including keys, badges, and equipment, to [Department/Person] by [Date].

Support Resources:

We understand this is a difficult transition. Information regarding [Severance Pay/Job Placement Services/Unemployment Benefits] is attached to this letter.

Thank you for your service and contributions to [Company Name]. We wish you the best in your future endeavors.

Sincerely,

[Name/Signature]

[Title]

[Company Name]