

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

[Date]

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

Subject: Severance Pay and Compensation Details

Dear [Employee Name],

Following our discussion regarding your separation from [Company Name], effective [Last Working Day], this letter outlines the details of your severance package and final compensation.

1. Final Salary and Wages

You will receive your final paycheck on [Date], which includes payment for all hours worked up to your final day, as well as [Number] hours of accrued but unused vacation/paid time off (PTO).

2. Severance Payment

The company offers you a severance payment of \$[Amount], which is equivalent to [Number] weeks of your base salary. This payment is subject to standard payroll tax withholdings and will be paid in [a lump sum / bi-weekly installments starting Date].

3. Health Benefits and COBRA

Your current health insurance coverage will remain active until [Date]. Following this, you will receive information regarding your right to continue coverage through COBRA at your own expense.

4. Outplacement Services

To assist in your career transition, the company is providing you with [Number] months of outplacement services through [Service Provider Name].

5. Release of Claims

The receipt of the severance payment described in Section 2 is contingent upon your signing and returning the enclosed Separation Agreement and General Release of Claims by [Deadline Date].

Please contact [HR Contact Name] at [Phone/Email] if you have any questions regarding these details.

Sincerely,

[Your Name]
[Your Title]
[Company Name]