

[Date]

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

Subject: Notification of Severance Agreement Review Period

Dear [Employee Name],

In connection with your separation from [Company Name], effective [Separation Date], we are providing you with the attached Severance Agreement and General Release.

Please be advised that you have a period of [Number, e.g., 21 or 45] days from today's date to consider the terms of this agreement. We encourage you to consult with an attorney of your choosing prior to signing this document.

If you choose to accept the terms, please sign and return the agreement to [Contact Name/Department] no later than [Expiration Date].

Once signed, you will have an additional period of seven (7) days to revoke your signature. The agreement will not become effective or enforceable, and no severance payments will be issued, until this revocation period has expired.

If you have any questions regarding this timeline or the contents of the agreement, please contact [Contact Person] at [Phone Number/Email].

Sincerely,

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