

## **PRIVATE AND CONFIDENTIAL**

[Date]

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

### **RE: Notice of Termination of Employment**

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is terminated, effective [Termination Date]. This decision is [reason for termination, e.g., due to restructuring / final].

#### **Final Pay and Benefits**

Your final paycheck, which includes your salary through your final day and payment for any accrued but unused vacation time, will be issued on [Date] via [Payment Method]. Your health insurance coverage will continue until [Date]. You will receive a separate notice regarding your rights for COBRA coverage.

#### **Severance Offer**

In exchange for signing the attached Separation Agreement and Release of Claims, [Company Name] offers you a severance package consisting of:

- A lump sum payment of \$[Amount], equivalent to [Number] weeks of pay.
- [Additional benefits, e.g., outplacement services].

#### **Company Property**

Please return all company property, including keys, laptop, and security badges, by [Date].

#### **Confidentiality and Non-Disparagement**

We remind you of your ongoing obligations regarding the confidentiality of company information as outlined in your original employment agreement.

Please review the attached Separation Agreement carefully. If you choose to accept this offer, please sign and return the document to [Name/Department] no later than [Expiry Date].

We thank you for your contributions to the company and wish you the best in your future endeavors.

Sincerely,

[Signature]  
[Name of Sender]

[Title]  
[Company Name]

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## SEPARATION AGREEMENT AND RELEASE OF CLAIMS

This Agreement is between [Company Name] ("Employer") and [Employee Name] ("Employee").

1. **Severance:** Employer agrees to provide the severance benefits described in the termination letter dated [Date] provided that Employee signs and does not revoke this Agreement.
2. **Release:** Employee hereby releases Employer from any and all claims, known or unknown, arising out of Employee's employment or the termination of that employment.
3. **Return of Property:** Employee affirms they have returned all company property.
4. **Governing Law:** This agreement shall be governed by the laws of the State of [State].

By signing below, Employee acknowledges they have read, understood, and voluntarily accepted the terms of this Agreement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_