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

[Date]

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

Subject: Notification of Position Elimination

Dear [Employee Name],

Please accept this letter as formal notification that your position as [Job Title] is being eliminated effective [Last Working Day].

This decision is the result of [reason for elimination, e.g., a strategic restructuring / business downturn / budget reductions] and is not a reflection of your individual job performance.

Regarding your transition:

- **Final Pay:** You will receive your final paycheck on [Date], which includes payment for all hours worked up to your last day and [accrued vacation/PTO], if applicable.
- **Benefits:** Your health insurance coverage will continue until [Date]. You will receive a separate packet regarding your rights to COBRA and other benefit extensions.
- **Severance:** [Optional: Details regarding severance pay or "You are eligible for a severance package contingent upon signing a release agreement"].
- **Company Property:** Please return all company property, including keys, laptops, and ID badges, to [Department/Person] by [Date].

We appreciate your contributions to [Company Name] and wish you the best in your future endeavors. If you have any questions regarding your benefits or this transition, please contact [HR Representative Name] at [Phone Number/Email].

Sincerely,

[Name]
[Title]
[Company Name]