[Date]

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

Re: Notice of Job Elimination due to Facility Closure

Dear [Employee Name],

Please be advised that [Company Name] has made the difficult decision to permanently close its facility located at [Facility Address]. As a result of this closure, your position as [Job Title] will be eliminated.

Your final day of employment is expected to be [Last Working Date].

Regarding your transition:

- **Final Pay:** You will receive your final paycheck on [Date], which will include payment for all hours worked through your last day, plus any accrued but unused vacation time.
- **Benefits:** Your health insurance coverage will continue through [Date]. You will receive a separate packet via mail regarding your COBRA rights and options for continuing coverage.
- **Severance:** [Select one: You are eligible for a severance package contingent upon signing a separation agreement / You are not eligible for severance at this time].
- **Outplacement Services:** The company will provide [Details of support, e.g., resume workshops/career counseling] to assist in your job search.

We want to thank you for your service and contributions to [Company Name]. If you have any questions regarding your benefits or the contents of this letter, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Name]
[Title]
[Company Name]