

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

[Date]

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

Subject: Mutual Separation Agreement - Role Elimination

Dear [Employee Name],

This letter confirms our mutual agreement regarding the termination of your employment with [Company Name] due to the elimination of your position as [Job Title], effective [End Date].

By signing this agreement, both parties agree to the following terms:

- **Final Salary:** You will receive your regular wages earned up to the final date of employment, including payment for any accrued but unused vacation time.
- **Severance Package:** Provided you sign and do not revoke this agreement, the Company will pay you a severance amount of [Amount/Number of weeks], subject to standard tax withholdings.
- **Benefits:** Your health insurance coverage will continue until [Date]. You will receive separate information regarding COBRA or benefit conversion options.
- **Release of Claims:** In exchange for the severance payment, you agree to release [Company Name] from any and all claims, demands, or causes of action arising out of your employment or its termination.
- **Confidentiality:** You agree to maintain the confidentiality of proprietary company information and the terms of this separation agreement.
- **Company Property:** You agree to return all company-owned equipment (laptop, keys, badges, etc.) by [Date].

Both parties acknowledge that this separation is amicable and based on business restructuring rather than performance issues.

Please review this document carefully. If you agree to these terms, please sign and return this letter by [Deadline Date].

Sincerely,

[Name of Manager/HR Representative]
[Title]
[Company Name]

Employee Acceptance:

I, [Employee Name], hereby accept the terms of this Mutual Separation Agreement.

Signature: _____ Date: _____