

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

[Date]

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

**Subject: Separation of Employment and Severance Agreement**

Dear [Employee Name],

This letter confirms that your position as [Job Title] with [Company Name] is being eliminated due to a [reason for elimination, e.g., company restructuring/reduction in force], effective [Separation Date].

**1. Severance Pay**

In exchange for signing and not revoking this Agreement, the Company will provide you with a severance payment in the amount of \$[Amount], less applicable taxes and withholdings. This payment will be made within [Number] days following the effective date of this Agreement.

**2. Benefits**

Your health insurance coverage will continue through [Date]. After this time, you will receive information regarding your right to continue coverage under COBRA. Your accrued but unused vacation time totaling [Number] hours will be paid out in your final paycheck.

**3. Release of Claims**

By signing this letter, you agree to release [Company Name] from any and all claims, demands, or causes of action arising out of your employment or the termination of your employment.

**4. Confidentiality**

You agree to maintain the confidentiality of all proprietary company information and the specific terms of this severance agreement.

**5. Return of Property**

You agree to return all company-owned property, including keys, laptops, and ID badges, by [Date].

**6. Review Period**

You have [Number, e.g., 21] days to consider this offer. We advise you to consult with an attorney before signing.

Please sign and return this letter by [Deadline Date] if you wish to accept this agreement.

Sincerely,

[Signature]

[Name of Company Representative]

[Title]

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**Employee Acceptance**

I accept the terms set forth in this Severance Agreement.

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