

[Date]

[Employee Name]

[Employee ID]

[Address]

**Subject: Notice of Termination Due to Department Closure**

Dear [Employee Name],

Please be advised that [Company Name] has made the difficult decision to permanently close the [Department Name] department. As a result of this closure, your employment is being terminated without cause, effective [Final Working Date].

This decision is based solely on a strategic business reorganization and is in no way a reflection of your individual performance or conduct.

**Final Pay and Benefits**

On your final day of employment, you will receive a payment including:

- Earned wages up to your final date of employment.
- Payment for any accrued but unused vacation time.
- [Optional: Any outstanding commissions or bonuses owed].

**Severance Package**

To assist you during this transition, the company is offering you a severance package consisting of [Number] weeks/months of pay, totaling \$[Amount]. This offer is contingent upon your signing and returning the attached Separation Agreement and General Release by [Deadline Date].

**Benefits Coverage**

Your health insurance benefits will continue through [Date]. Following this period, you will receive information regarding your rights to continue coverage under COBRA. Your participation in the company 401(k) plan will end on your final day; you will receive a separate mailing regarding your options for distribution or rollover.

**Company Property**

Please return all company property, including your laptop, keys, ID badge, and company credit cards, to [Department/Person] by [Date/Time].

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

Sincerely,

[Signature]  
[Name of Sender]  
[Title]  
[Company Name]