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

[Date]

[Employee Name]
[Employee Address]

RE: Notice of Separation and Severance Agreement

Dear [Employee Name],

This letter serves to formally notify you that [Company Name] is implementing a Reduction in Force (RIF). As a result, your position as [Job Title] is being eliminated, effective [Termination Date].

To assist you during this transition, the Company is offering you a severance package in exchange for your agreement to the terms outlined below.

1. Severance Pay
The Company will provide you with a severance payment in the gross amount of $[Amount], equivalent to [Number] weeks of pay. This amount is subject to standard payroll deductions and taxes. This payment will be issued within [Number] days following the effective date of this agreement.

2. Benefits and Outplacement
Your health insurance coverage will continue through [Date]. Following this, you will receive information regarding COBRA enrollment. [Optional: The Company will also provide outplacement services through [Provider Name] for a period of [Number] months.]

3. Non-Compete Clause
By accepting this severance, you agree that for a period of [Number] months following your termination date, you will not, directly or indirectly, engage in, consult for, or be employed by any business that competes directly with [Company Name] within [Geographic Area/Radius].

4. Non-Disclosure and Confidentiality
You reaffirm your ongoing obligation to protect all confidential and proprietary information belonging to the Company. You must return all company property, including laptops, keys, and documents, by [Date].

5. Release of Claims
In exchange for the severance benefits described above, you agree to waive and release [Company Name] from any and all claims, liabilities, or causes of action arising out of your employment or the termination of your employment.

6. Review Period and Revocation
You have [Number, e.g., 21 or 45] days to consider this agreement. Once signed, you have [Number, e.g., 7] days to revoke your signature. This agreement becomes effective after the revocation period has expired.

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

Sincerely,

[Name of Authorized Representative]
[Title]
[Company Name]

Acknowledgment and Acceptance:

I, [Employee Name], hereby accept the terms and conditions set forth in this Severance Agreement, including the non-compete provisions.

Signature: _____ Date: _____