[Date]

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

Subject: Separation of Employment and Severance Agreement

Dear [Employee Name],

This letter outlines the terms of your separation from [Company Name] (the "Company"), effective [Separation Date].

1. Severance Payment: Provided you sign and do not revoke this Agreement, the Company will pay you a severance 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 at your own expense.

3. General Release of Claims: In exchange for the severance payment, you hereby release and forever discharge the Company, its officers, directors, and employees from any and all claims, liabilities, or causes of action arising out of your employment or the termination of your employment, including but not limited to claims under Title VII of the Civil Rights Act, the ADEA, the ADA, and any other federal, state, or local laws.

4. Confidentiality and Non-Disparagement: You agree to keep the terms of this Agreement confidential and agree not to make any disparaging remarks about the Company or its employees to any third party.

5. Return of Property: You agree to return all Company property, including keys, laptops, and documents, by [Date].

6. Consideration Period: You have [Number] days to consider this Agreement. You are advised to consult with an attorney before signing.

Please sign and return this letter by [Deadline Date] if you accept these terms.

Sincerely,

[Signature]
[Name of Company Representative]
[Title]

Acknowledgment and Signature

I accept the terms set forth in this Agreement.

Signature: _____ Date: _____