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

[Date]

[Employee Name]
[Employee Address]

Subject: Separation Agreement and Release of Claims

Dear [Employee Name],

This letter outlines the terms of your separation from [Company Name] due to a reduction in force, effective [Separation Date].

1. Severance Payment
In exchange for signing and not revoking this Agreement, the Company will pay you a gross severance amount of $[Amount], subject to standard tax withholdings. This payment will be made within [Number] days of the effective date of this Agreement.

2. Benefits
Your health insurance benefits will continue through [Date]. You will receive a separate notice regarding your rights to continue coverage under COBRA.

3. Outplacement Services
The Company will provide you with [Number] months of outplacement assistance through [Provider Name] to assist in your transition.

4. Release of Claims
By signing this letter, you agree to release [Company Name] from any and all claims, known or unknown, arising out of your employment or the termination of your employment, to the extent permitted by law.

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

6. Review Period
You have [Number, e.g., 21 or 45] days to consider this Agreement. We advise you to consult with an attorney before signing.

7. Revocation Period
After signing, you have [Number, e.g., 7] days to revoke your signature. This Agreement becomes effective on the eighth day after it is signed by you.

Please indicate your acceptance of these terms by signing below and returning this document to [Contact Name] by [Deadline Date].

Sincerely,

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

Acknowledgment and Acceptance:

I have read, understood, and voluntarily accept the terms of this Agreement.

Signature: _____ Date: _____