

[Date]

[Employee Name]

[Employee ID]

[Home Address]

Subject: Notification of Department Consolidation and Severance Agreement

Dear [Employee Name],

Please be advised that [Company Name] has made the strategic decision to consolidate the [Department Name] department. As a result of this restructuring, the functions of your current office located in [Current City] will be relocated to [New City/State] effective [Date].

Because your current position is being eliminated due to this relocation and consolidation, we are offering you a severance package to assist in your transition. Your employment with [Company Name] will officially terminate on [Separation Date].

Severance Benefits:

- **Severance Pay:** You are eligible to receive [Number] weeks of base pay, totaling \$[Amount], less applicable taxes and withholdings.
- **Health Benefits:** Your current medical coverage will continue through [Date]. After this period, you will receive information regarding COBRA enrollment.
- **Unused PTO:** Any accrued but unused Paid Time Off will be paid out in your final paycheck on [Date].
- **Outplacement Services:** The company will provide [Number] months of career transition services through [Provider Name].

Conditions:

Receipt of the severance pay is contingent upon the signing and return of the attached Separation Agreement and General Release form no later than [Deadline Date]. Please review the document carefully; you have [Number] days to consider this offer.

All company property, including keys, laptops, and identification badges, must be returned to Human Resources by [Final Date].

We thank you for your service and contributions to [Company Name] and wish you the best in your future endeavors.

Sincerely,

[Name]

[Title]

[Company Name]