

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

[Date]

[Employee Name]
[Employee ID]
[Home Address]

Subject: Notice of Facility Closure and Severance Agreement

Dear [Employee Name],

This letter serves as official notification that [Company Name] will be permanently closing its facility located at [Facility Address]. As a result, your employment will be terminated effective [Final Date of Employment].

In appreciation of your service, the Company is offering you a severance package, contingent upon your signature of the attached Release of Claims Agreement. The details of your package are as follows:

- **Severance Pay:** A lump sum payment of \$[Amount], equivalent to [Number] weeks of pay, 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 Paid Time Off:** You will be paid for all accrued but unused vacation time in your final paycheck.
- **Outplacement Services:** The Company will provide [Number] months of career transition services through [Provider Name].

To receive the severance benefits described above, you must sign and return the attached Release of Claims Agreement no later than [Deadline Date]. You have [Number] days to review this document and are encouraged to consult with legal counsel if you wish.

Your final regular paycheck, including pay for hours worked through your last day, will be issued on [Date] via [Direct Deposit/Check].

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

Sincerely,

[Name]
[Title]
[Company Name]