

[Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

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 of this closure, your position as [Job Title] will be eliminated, and your employment will terminate effective [Separation Date].

To assist you during this transition, the Company is offering you a severance package. This package is contingent upon your continued satisfactory performance through your final day of work and your signature on the attached Separation Agreement and General Release.

Severance Payment:

The Company offers you a lump sum payment of \$[Amount], equivalent to [Number] weeks of your base salary. This payment is subject to applicable taxes and withholdings.

Health Benefits:

Your company-sponsored health insurance will continue through the end of the month of your termination. Following that date, you will receive information regarding your right to continue coverage under COBRA.

Outplacement Services:

To support your career transition, you will have access to [Service Provider Name] for outplacement coaching and resume assistance for a period of [Number] months.

Accrued Vacation:

Any earned but unused vacation time will be paid out in your final paycheck, in accordance with state law and company policy.

Next Steps:

Please review the attached Separation Agreement carefully. To receive the severance benefits described above, you must sign and return the agreement to [Department/Name] no later than [Deadline Date]. You are encouraged to consult with an attorney before signing.

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

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]