

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Notice of Termination and Severance Agreement

Dear [Employee Name],

As previously announced on [Date], [Company Name] will be closing its facility located at [Location Address] effective [Closure Date].

On [Date of Offer], you were offered the opportunity to relocate to our facility in [New Location]. You have formally declined this relocation offer. As a result, your employment with [Company Name] will terminate on [Final Working Date] due to the facility closure.

In connection with this separation, you are eligible to receive the following severance benefits, provided you sign and return the attached Separation Agreement by [Deadline Date]:

- **Severance Pay:** A lump sum payment of \$[Amount], equivalent to [Number] weeks of pay.
- **Benefits:** Health insurance coverage will continue through [Date]. You will receive COBRA enrollment information via mail.
- **Unused PTO:** Payment for [Number] hours of accrued but unused vacation/PTO time.

Please note that this severance package is contingent upon you remaining in your current position in good standing until your final working date and returning all company property (keys, laptop, ID badges) by [Date].

If you have any questions regarding your benefits or the transition process, please contact the Human Resources Department at [Phone Number/Email].

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

Sincerely,

[Name]

[Title]

[Company Name]