

[Date]

[Employee Name]

[Employee ID]

[Home Address]

Subject: Notice of Facility Closure and Severance Agreement

Dear [Employee Name],

As previously communicated in the formal Worker Adjustment and Retraining Notification (WARN) Act notice issued on [Date of WARN Notice], [Company Name] will be permanently closing its facility located at [Facility Address].

As a result of this closure, your employment will officially terminate on **[Termination Date]**. This letter outlines the severance package being offered to you in connection with this permanent displacement.

1. Severance Payment

The Company offers you a gross severance payment of \$[Amount], equivalent to [Number] weeks of pay. This payment is subject to standard payroll tax withholdings. This payment is contingent upon the execution and non-revocation of the attached Release of Claims Agreement.

2. Benefits and COBRA

Your company-sponsored health benefits will continue through [Last Day of Month of Termination]. Following this date, you will receive a separate mailing regarding your right to continue coverage under COBRA. [Optional: The Company will pay for the employer portion of COBRA premiums for a period of [Number] months.]

3. Earned Compensation

Regardless of whether you sign the severance agreement, you will receive payment for all hours worked through your final day, as well as [accrued/unused vacation/PTO], on the next regularly scheduled payday.

4. Outplacement Services

To assist with your career transition, the Company is providing [Number] months of outplacement services through [Provider Name], starting on [Start Date].

5. Review Period and Execution

In accordance with legal requirements, you have [21/45] days to consider this agreement. We advise you to consult with an attorney before signing. Once signed, you have a period of seven (7) days to revoke your signature.

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

Sincerely,

[Name of Authorized Representative]

[Title]

[Company Name]

Acknowledgment:

By signing below, I acknowledge receipt of this notice and the attached Release of Claims Agreement.

Signature: _____ Date: _____