

**Date:** [Insert Date]

**To:** [Employee Name]

**Employee ID:** [Insert ID]

**Subject: Notice of Facility Closure and Severance Agreement**

Dear [Employee Name],

Please be advised that [Company Name] will be permanently closing the [Facility Name] located at [Facility Address]. As a result of this closure, your position as [Job Title] is being eliminated, and your employment will end on [Final Working Date].

In appreciation of your service, the company is offering you a severance package, contingent upon the following conditions:

**1. Severance Pay:** You are eligible to receive [Amount/Number of Weeks] of severance pay, totaling [Total Amount], less applicable taxes and withholdings.

**2. Release of Claims:** Payment of this severance is conditional upon your signing and not revoking the attached Separation Agreement and General Release of Claims.

**3. Benefits:** Your health insurance coverage will continue through [Date]. After this period, you will receive information regarding COBRA enrollment.

**4. Company Property:** This offer is conditional upon the return of all company property, including keys, badges, and equipment, by [Date].

**5. Final Pay:** You will receive your final paycheck for hours worked through your last day, including any accrued but unused vacation time, on [Date], regardless of whether you sign the severance agreement.

Please review the attached agreement carefully. You have [Number] days to consider this offer. We recommend consulting with an attorney before signing.

We thank you for your contributions to the facility and wish you success in your future endeavors.

Sincerely,

[Name]

[Title]

[Company Name]