[Company Letterhead]

[Date]

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

Subject: Amendment to Severance Benefits Extension

Dear [Employee Name],

This letter serves as an official amendment to the original Severance Agreement dated [Original Agreement Date]. This amendment outlines the extension of your severance benefits as previously discussed.

1. Extension of Benefits Period
The period for your severance payments and/or benefits, originally scheduled to end on [Original End Date], is hereby extended through [New End Date].

2. Amended Benefit Details
During this extension period, the following adjustments will apply:
[Insert specific details regarding pay, COBRA, or other benefits here].

3. Terms and Conditions
All other terms, conditions, and release requirements set forth in the original Severance Agreement remain in full force and effect. This extension is contingent upon your continued compliance with the terms of that agreement.

4. Acknowledgment
Please sign and return a copy of this letter by [Deadline Date] to confirm your acceptance of these amended terms.

Sincerely,

[Name of Authorized Representative]
[Title]
[Company Name]

Employee Acceptance:

I, [Employee Name], accept the amendment to my severance benefits as outlined above.

Signature: _____ Date: _____