

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

[Date]

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

**Subject: Redundancy Severance Package and Clawback Agreement**

Dear [Employee Name],

Following our recent discussions, this letter confirms the terms of your redundancy and the severance package offered to you by [Company Name] (the "Company").

**1. Termination Date**

Your employment will formally terminate on [Last Working Day Date] due to redundancy.

**2. Severance Payment**

The Company agrees to pay you a gross redundancy payment of \$[Amount]. This payment is subject to required tax withholdings and will be paid within [Number] days of your termination date, provided this agreement is signed.

**3. Benefits and Accruals**

You will also receive payment for any accrued but unused vacation time, totaling [Number] days, in your final paycheck.

**4. Clawback Provision**

By signing this agreement, you acknowledge and agree that the severance payment is subject to a "Clawback" provision. You will be required to repay the full gross amount of the severance payment to the Company if any of the following occur within [Number] months of your termination date:

- You are rehired by the Company or any affiliated entity in a permanent or contract capacity.
- It is discovered that you committed an act of gross misconduct or material breach of your employment contract prior to your termination.
- You breach any post-termination obligations, including non-disclosure or non-solicitation agreements.

**5. Release of Claims**

In exchange for the severance payment, you agree to release the Company from any and all claims, demands, or causes of action related to your employment or the termination thereof.

**6. Confidentiality**

You agree to keep the terms of this severance package and any proprietary company information strictly confidential.

Please indicate your acceptance of these terms by signing and returning this letter by [Deadline Date].

Sincerely,

[Signature]

[Name of Authorized Representative]

[Title]

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**Employee Acceptance:**

I, [Employee Name], accept the terms of the redundancy severance package and the clawback provisions as outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_