

## CONFIDENTIAL SEVERANCE AGREEMENT AND GENERAL RELEASE

Date: [Insert Date]

Employee Name: [Insert Name]

Employee Address: [Insert Address]

Dear [Insert Name],

This letter sets forth the terms of your separation from [Company Name] (the "Company"), effective [Insert Date] (the "Separation Date").

**1. Severance Payment:** In exchange for signing this Agreement and complying with its terms, the Company will pay you a gross amount of \$[Insert Amount]. This payment will be made within [Number] days following the Effective Date of this Agreement, subject to required tax withholdings.

**2. Release of Claims:** In consideration for the severance payment, you hereby release and forever discharge the Company, its officers, and employees from any and all claims, known or unknown, arising out of your employment or separation. This includes, but is not limited to, claims for wrongful termination, breach of contract, and any claims of discrimination or sexual harassment under local, state, or federal law.

**3. Specific Acknowledgement regarding Harassment:** By signing this Agreement, you acknowledge that you are voluntarily resolving any and all potential disputes. [Optional: Note that local laws may prohibit the use of non-disclosure clauses regarding the factual basis of sexual harassment claims; ensure this section complies with your specific jurisdiction.]

**4. Confidentiality:** You agree to keep the terms and amount of this Agreement strictly confidential, except as required by law or to consult with legal/financial advisors.

**5. Non-Disparagement:** You agree not to make any disparaging or defamatory remarks regarding the Company or its employees to any third party.

**6. Return of Property:** You confirm that you have returned all Company property, including keys, electronics, and proprietary data.

**7. Review Period and Revocation:** You have [Number] days to consider this Agreement. Once signed, you have a period of [Number] days to revoke your signature. This Agreement becomes effective on the eighth day after signing.

Please sign below to indicate your acceptance of these terms.

\_\_\_\_\_  
[Insert Name of Employee]

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

\_\_\_\_\_

[Insert Name of Company Representative]

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