Notice of Layoff

Use for layoffs, reductions in force and position eliminations. Include the WARN paragraph only if the federal WARN Act or a state notice law applies, and confirm with counsel. Replace every [Placeholder] and delete optional text in brackets you do not use.

HEADER

[Company Legal Name]
[Address]

[Date]

PERSONAL AND CONFIDENTIAL

[Employee Full Name]
[Home Address]
Employee ID: [Employee ID]

NOTICE OF LAYOFF

Dear [Employee Name],

We are writing to confirm that your position as [Job Title] in [Department / Site] is being eliminated as part of a [reduction in force / restructuring / closure of the [Site Name] location]. Your employment with [Company Legal Name] will end on [Separation Date].

This decision is the result of [brief business reason, e.g. a decline in client volume at the [Site Name] center / the consolidation of the [Function] team into [Location]]. It is not a reflection of your performance or conduct.

FEDERAL OR STATE NOTICE (WARN, IF APPLICABLE)

[This letter is your written notice under the Worker Adjustment and Retraining Notification (WARN) Act [and [State] law]. The [layoff / closing] is expected to be [permanent / temporary, lasting approximately [Duration]]. [The entire [Site Name] facility will close.] The [layoff / closing] is expected to begin on [Date], and your separation is expected to occur on [Separation Date] [or within the 14-day period starting on [Date]]. [Employees [do / do not] have bumping rights, which means the right to displace another employee with less seniority.] For more information, contact [Company Official Name], [Title], at [Phone Number].]

BETWEEN NOW AND YOUR SEPARATION DATE

[Option A: working notice] Please continue in your regular role until [Separation Date]. [Your manager will work with you on a transition plan for your responsibilities.] You may take reasonable paid time off to attend job interviews with notice to your manager.

[Option B: pay in lieu] You are not required to work after [Date]. You will remain on the payroll and receive your regular pay and benefits through [Separation Date].

FINAL PAY

Your final paycheck, including wages through [Separation Date] [and [number] hours of accrued, unused paid time off], will be paid on [Date] by [direct deposit / check]. [Commissions and bonuses earned under the [Plan Name] will be paid according to that plan.]

SEVERANCE (IF OFFERED)

[You are eligible for severance pay of [number] weeks of base pay, totaling [Amount], [plus [number] months of COBRA premium payments / outplacement services through [Provider Type]]. Severance is conditioned on signing and not revoking the enclosed Separation Agreement and General Release. You have [45] days to review it and [7] days after signing to revoke it. We encourage you to consult an attorney. The enclosed information lists the job titles and ages of employees in the decisional unit who were and were not selected for this layoff.]

BENEFITS

Your [medical, dental and vision] coverage will continue through [Benefits End Date]. You will receive a separate notice explaining your right to continue group health coverage under COBRA [or state continuation law]. Information about your [401(k) account, life insurance conversion and flexible spending account] will be sent by [HR / Provider].

UNEMPLOYMENT AND JOB SEARCH SUPPORT

You may be eligible for unemployment insurance benefits. [Enclosed is [State Unemployment Notice / Form Name] with instructions for filing.] [The Company will provide [outplacement services / resume and interview support / a job fair with partner employers] through [Date].] [Your state's dislocated worker program may also offer training and job search help.]

REHIRE AND RECALL

[You are eligible for rehire, and we encourage you to apply for any open positions at [Company Name] that interest you. Open roles are listed at [Careers Page].] [If this is a temporary layoff: We expect to recall employees by [Date / seniority / business need]. We will contact you at the phone number and personal email on file, and you will have [number] days to respond to a recall offer.]

COMPANY PROPERTY AND ACCESS

Please return all Company property, including [laptop, phone, badge, keys and tools], by [Separation Date] [using the prepaid shipping box we will send / to [Name] at [Location]]. Your access to Company systems will end on [Date and Time].

CLOSING

We know this is difficult news, and we are grateful for your work at [Company Name]. If you have questions about pay, benefits, severance or next steps, please contact [HR Contact Name] at [Phone Number] or [Email Address].

Sincerely,

[Signer Name]
[Signer Title]
[Company Legal Name]

Enclosures: [Separation Agreement and General Release / decisional unit disclosure / state unemployment notice / benefits information]

ACKNOWLEDGMENT OF RECEIPT

☐ I acknowledge that I received this notice on the date below.

Employee signature

Date

Date received

Method of delivery

☐ In person ☐ Email ☐ Certified mail ☐ Courier