

Company Name  
Company Address  
City, State ZIP

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

To:  
Employee Name  
Employee Address  
City, State ZIP

**NOTIFICATION OF DISMISSAL DUE TO DOWNSIZING**

Dear \_\_\_\_\_,

We regret to inform you that due to organizational restructuring and downsizing, your employment with *[Company Name]* will be terminated effective \_\_\_\_\_.

This decision is not a reflection of your performance, but the result of necessary measures to ensure the sustainability of our business. We acknowledge and appreciate your hard work and contributions during your employment.

You will receive all applicable compensation and benefits according to your employment agreement and local labor laws. For further information or questions regarding this process, please contact the Human Resources department.

We thank you for your service and wish you success in your future endeavors.

Sincerely,

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Authorized Representative

Title

Contact Information