

[Company Name]
[Company Address]
[City, State ZIP Code]
[Date]

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

Subject: Involuntary Separation Agreement

Dear [Employee Name],

This letter confirms the terms and conditions regarding your involuntary separation from employment with [Company Name], effective [Separation Date]. This agreement sets forth the benefits to which you are entitled and the obligations you must fulfill.

1. Last Day of Employment

Your last day of employment will be [Separation Date].

2. Final Compensation

You will receive payment for all earned and unpaid wages up to and including your last day of employment, as well as any accrued and unused paid time off, in accordance with company policy and applicable law.

3. Severance Benefits

As part of this agreement, you will receive [list severance benefits, e.g., severance pay, continuation of health benefits, etc.], subject to the terms outlined herein.

4. Return of Company Property

You are required to return all company property, including but not limited to keys, equipment, documents, and electronic devices, by your separation date.

5. Confidentiality and Non-Disclosure

You remain bound by any confidentiality and non-disclosure agreements previously signed during your employment.

6. General Release

By signing below, you acknowledge that you have read and understood this agreement, and release [Company Name] from any and all claims related to your employment and separation.

Please review this agreement carefully. If you agree to the terms above, please sign and date below.

Employee Signature:

Date:

[Company Representative Name & Title]:

Date:

If you have any questions, please contact [HR Contact Information].

Sincerely,

[Company Representative Name]

[Title]