**Layoff Notice Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Company Address:** |  | **City/State/ZIP:** |  |
| **Date:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Employee ID/Number:** |  | **Department:** |  |
| **Position/Job Title:** |  |  |  |

**Subject: Layoff Notification**

Dear **[Employee Name]**,

This letter serves as formal notice that your employment with **[Company Name]** will be terminated due to **[reason, e.g., reduction in workforce, restructuring, financial constraints, etc.]**.

Your last working day will be **[Date]**.

**Details of Layoff**

|  |  |  |  |
| --- | --- | --- | --- |
| Effective Date of Termination: |  | Reason for Layoff: |  |
| Severance Package (if applicable): |  | Benefits Continuation (if applicable): |  |
| Final Paycheck Delivery Date: |  |  |  |

**Additional Information**

|  |  |  |  |
| --- | --- | --- | --- |
| You are entitled to receive: | ☐ Unused vacation/leave payout | ☐ Severance pay (if offered) | ☐ Continuation of health insurance (if applicable) |
| ☐ Assistance with job placement/outplacement services |  |  |

**Acknowledgment**

I acknowledge receipt of this layoff notice and understand the terms of my employment termination.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**HR/Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_