**Redundancy Notice Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Company Address:** |  | **Contact Number:** |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee ID:** |  |
| **Department:** |  | **Position/Job Title:** |  |
| **Date of Issue:** |  |  |  |

**Subject: Redundancy Notice**

Dear **[Employee Name]**,

We regret to inform you that due to **[business restructuring / economic downturn / role no longer required / organizational changes]**, your position of **[Job Title]** with **[Company Name]** has been declared redundant.

Your employment with us will therefore end effective **[Date of Termination]**, in accordance with applicable labor laws and company policy.

**Details of Redundancy**

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for redundancy: |  | | |
| Effective termination date: |  | Notice period provided: |  |
| Final working day: |  |  |  |

**Entitlements & Settlement**

You will receive the following in line with company policy and statutory requirements:

|  |  |  |  |
| --- | --- | --- | --- |
| Final salary up to last working day |  | Payment for unused leave (if applicable) |  |
| Severance pay: |  | Other benefits/dues: |  |

**Next Steps**

You are requested to:

* Return all company property (e.g., laptop, ID badge, documents) before the last working day.
* Complete the clearance and final settlement process with HR.

We sincerely thank you for your contributions to **[Company Name]** and wish you success in your future endeavors.

Sincerely,

**Authorized Signatory**  
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Acknowledgment**

I acknowledge receipt of this Redundancy Notice.

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_