Layoff Letters

**Sample 1 - Temporary Layoff**

[Date]

[Employee Name]

[Employee Address]

Dear [Employee Name]:

This letter is to inform you that, due to current business conditions, [Company Name] will be experiencing temporary layoffs [effective date]. We feel that it is necessary to conduct this layoff to bring the company through this slow time. We are asking for everyone’s help and understanding in getting through this difficult period. At this time, we don’t know how long the layoff will continue. Employees will be recalled from layoff based on [production requirements, knowledge, skills and abilities--\*this may vary based on circumstances].

Enclosed with this letter is information that has been provided by our Employee Assistance Program that you might find helpful during this time.

You will continue in our medical/dental insurance plan and will be responsible for paying your portion of the premiums. Information on how those payments are to be made is included with this letter.

While you are on layoff, it is very important that your supervisor has your correct telephone number and address. In the event that we cannot reach you within three (3) working days for a recall (first, a telephone call and then, if no response, a registered letter), we will proceed to the next person and consider your failure to respond a resignation of employment from [Company Name].

Sincerely,

[Name]

[Title]

Enclosure *[insert EAP information and payment of premiums]*

Sample 2 - Termination of Employment

[Date]

[Employee Name]

[Employee Address]

Dear [Employee Name]:

We regret to inform you that your employment with [Company Name] will be terminated at the end of your regularly scheduled workday on [Date]. The reason for this termination is the elimination of your position due to a reduction in business operations.

As stated in our employee handbook, you will be paid all unused, accrued vacation on your final paycheck. [Modify to Organization policy] [State severance benefit if applicable]

Per our insurance benefits, you will continue in our medical/dental insurance plan through the end of this month. Notification of your rights to continue your health insurance through COBRA and termination information from our 401(k) and pension programs will be sent to you in a separate mailing.

Enclosed with this letter is information that has been provided by our Employee Assistance Program that you might find helpful during this time.

Again, we regret to announce this difficult decision to you. We wish you the best in your future endeavors.

Sincerely,

[Name]

[Title]

Enclosure *[insert EAP information]*

Sample 3 -Termination of Employment with Outplacement Language

[Date]

[Employee Name]

[Employee Address]

Dear [Employee Name]:

[Company Name] regrets that our recent reorganization has resulted in staff reductions, and your position has been eliminated. Your contributions have been appreciated and we want to do everything we can to help with the transition period by providing the following benefits:

EMPLOYMENT PERIOD - PAY-THROUGH DATE – EARNINGS

Your work responsibilities and employment will end on [Date]. You are being paid regular earnings through this date, and the following additional earnings beyond it:

 Severance Pay: ( ) Weeks = $

 Vacation Pay: ( ) Weeks = $

 Accrued Sick Pay: ( ) Weeks = $

 Miscellaneous: ( ) Weeks = $

*[\*\*Severance pay may be dependent on the employee signing a separation agreement which should be drafted and reviewed by legal counsel].*

MEDICAL/DENTAL/LIFE INSURANCE

*[Insert information related to length of coverage, who pays for premiums, how to pay employee portion of premiums, if COBRA will be paid by company, etc.]*

OUTPLACEMENT SUPPORT SERVICESResume and job search services will be paid by our company and provided to you through [Name of Career Services Organization]. These services *(workshop or individual)* have been designed to assist you in finding a new job. We strongly encourage you to participate. You can begin at any time by contacting [Name] at [Phone Number or Email]. Services are available to you for the next *[one, three, six, twelve]* months.

If you have any questions on these or any other benefits, please contact [Name] at [Phone Number].
We wish you the best in your future endeavors.

Sincerely,

[Name]

[Title]

Sample 4 - Reduction in Hours for Non-Exempt Employee

Date: [Date]

To: [Employee Name]

From: [Company Representative Name, Title]

Re: Reduction in Hours

The Coronavirus (COVID-19) pandemic has affected families, communities, and businesses worldwide. The outbreak has also impacted our economy, with both the federal government and local governments enforcing mandates to help prevent the spread of the virus. We understand and support these decisions to keep individuals safe and recognize the major impact this has had on our day-to-day business operations.

As a result, [Company Name] will be reducing your hours effective [date, effective immediately]. Your hours will be reduced from [XX] hours per week to [XX] hours per week. We are asking for everyone’s help and understanding in getting through this difficult period. At this time, we do not know how long this will continue; our hope is that it is short-term.

The following information pertains to your compensation and benefits during this time:

* Your hourly rate of pay will remain the same during this temporary reduction in hours.
* Your status will remain full-time ***OR*** your status will transition from full-time to part-time status.
* You will continue in our medical/dental insurance plan and will be responsible for paying your portion of the premiums. Information on how those payments are to be made will be provided to you. ***OR***Based on the contract with our insurance provider, your medical/dental insurance will end [insert date]. You will receive separate information regarding your ability to continue benefits through the group health plan in compliance with COBRA regulations.
* You are encouraged to file for unemployment compensation benefits through the state. Partial unemployment benefits may be available to employees who experience a reduction in hours, through no fault of their own, dependent upon their reduction of hours and earnings.

During this time, any questions should be directed to [Name, title] by email at [insert here] or phone at [insert here]. Please know [Company Name] is hopeful that employees will be able to resume their normal work schedule as soon as possible. [Company Name] continues to monitor the situation closely and will continue to communicate to employees and business contacts in the coming weeks and months.

Sincerely,

[Name]

[Title]

Enclosure *[Information on how premium payments will be made OR COBRA information, along with Employee Assistance Program (EAP) benefits]*