

# Termination Letter for Lack of Work

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Date:

To:

Dear

Please be advised that, due to a lack of available work, we are terminating your employment effective . However, in view of your service to the company, we agree to pay you the following severance:

Regular wages	\$
Vacation ( )	\$
Severance Pay	\$
Subtotal	\$

Less Federal Withholding	\$
FICA	\$
Other	\$
Net	\$

You may choose to continue your medical insurance coverage at your expense. You must decide within 60 days of your termination. If you choose to continue coverage, contact in the benefits office for additional information.

You understand and agree that this severance payment constitutes all payments and benefits due you as a result of your employment by and its parent or affiliate companies.

Sincerely,

Read and accepted:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date