[Company Name]

[Street Address]

[City, ST ZIP Code]

[Date]

[Recipient Name]

[Street Address]

[City, ST ZIP Code]

Dear [Recipient Name]:

This is a formal notice that you have requested to be laid off from your position as [position name] effective [date layoff goes into effect]. During your lay off, the practice may close temporarily during this time of uncertainty. Although the practice intends to reopen with the same hours and staff, we would be unable to guarantee a return date.

The current orders from the State of XX/The current outbreak of COVID-19 has motivated this request for a lay off.

These layoffs are not related to individual performance. Because this lay off is a personal request by the employee, please check this box and initial here:  \_\_\_\_\_\_\_\_\_\_\_

You will receive [amount of severance pay] and you will continue to receive [any benefits they continue to receive] until [time at which benefits end].

The following company property must be returned by [return date]:

* List company property to be returned.

Thank you for your contributions to the company. If you have any further questions, please get in contact with [contact name].

My best wishes for success in your future endeavors.

Sincerely,

[Your Name]

[Title]

Employee Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Owner’s Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice Owner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_