

Workforce Reduction Notice

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee Address: [Insert Employee Address]

Dear [Employee Name],

We regret to inform you that due to [reason for workforce reduction], we must implement a workforce reduction that will affect your position as [Job Title]. This decision was not made lightly and is necessary to ensure the long-term stability of the company.

Your last day of employment will be [Insert Last Day of Work]. You will receive all accrued wages and benefits up to that date. Additionally, we will provide [details about severance package, outplacement services, etc.].

If you have any questions or need assistance during this transition, please do not hesitate to reach out to [Contact Person/HR Department].

We sincerely appreciate your contributions to [Company Name] and wish you all the best in your future endeavors.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Contact Information]