

# Layoff Notice Form Sample

This **layoff notice form** sample is designed to assist employers in documenting COVID-19 related layoffs clearly and professionally. It ensures compliance with legal requirements while providing essential details for affected employees. Using this template helps streamline communication during challenging times.

**Employer/Company Name:****Employee Full Name:****Employee ID/Number (if applicable):****Date of Notice:****Effective Date of Layoff:****Reason for Layoff:**

COVID-19 pandemic impact on business operations

**Type of Layoff:**

Temporary  Permanent

**Expected Recall Date (if temporary):****Information Provided:**

Provided	Information Type
<input type="checkbox"/>	Final paycheck details
<input type="checkbox"/>	Health insurance/COBRA information
<input type="checkbox"/>	Unemployment insurance guidance
<input type="checkbox"/>	Outplacement support/resources

**Contact for Questions:**

Contact Name

Contact Email

**Signature (Employer/Authorized Representative):****Date:**

**Note:** This sample template is for informational purposes and should be reviewed by your legal counsel or HR consultant to ensure compliance with local laws and regulations.