[DATE]

[EMPLOYEE FULL NAME]

[EMPLOYEE ADDRESS]

Dear [EMPLOYEE FIRST NAME],

The purpose of this letter is to formally notify you that your position as [INSERT JOB TITLE] on the [INSERT TEAM OR DEPARTMENT] is being eliminated temporarily due to [INSERT REASON]. Your last official day of work will be [DATE]. Your salary and benefits will continue at their current level during the notification period. Please be assured that this action in no way reflects dissatisfaction with your job performance here at [HOSPITAL].

The length of this furlough is unknown at this time. We will do our best to provide current information as our practice moves to have employees return to work.

Furloughs are a practice-initiated short-term temporary unpaid leave of absence. The furlough period and provisions may be changed or terminated at the sole discretion of [HOSPITAL], and does not create any employment contract, express or implied.

During the furlough period, your health and welfare benefits will continue (if applicable) and will accrue at employee cost during this time. Benefit cost repayments will be required upon potential return to work, if applicable. If you do not return to work, you will not be billed for the benefit premiums accrued. If you have a final paycheck, [HOSPITAL] will deduct any premiums in arrears that it is able to, and anything outstanding beyond that amount will not be billed back.

During the furlough period, you may file for unemployment compensation. Please refer to [STATE]’s guidelines for unemployment compensation regarding specific details and provisions surrounding application, eligibility, and collection of benefits. To assist you in applying for any eligible benefits, please reference the state in which you are employed at www.dol.gov or by calling 1.866.4.USA.DOL

We wish to thank you for your contributions to the [INSERT TEAM OR DEPARTMENT] at [HOSPITAL].

If I can offer assistance in any way, please contact me.

Sincerely,

[PRACTICE MANAGER]