Severance Agreement Form

Employee Information

Employee Name		
Position		
Department		
Employee ID		
Severance Details		
_ast Day of Employment		
Severance Amount		
Reason for Termination		
Non-Compete Clause		
n consideration of the severance benefits provided, the Employee ag	rees that for a period of	months
following the date of termination, they will not directly or indirectly eng	age in, or become associated	d with, any
ousiness that is in direct competition with the Employer within	miles of	
Additional Non-Compete Terms		

Agreement

By signing below, the Employee acknowledges receipt of this agreement, understands the terms outlined herein, and agrees to abide by all non-compete and severance provisions.

mployee Signature	
ate	
mployer Signature	
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