

THERAPEUTIC SEPARATION AGREEMENT

Location: _____ Effective Date: _____

PARTIES:

Employee Name: _____

Employer Name: _____

RECITALS:

WHEREAS, the Employee and Employer have mutually agreed to enter into this Therapeutic Separation Agreement to provide for the terms, conditions, and considerations upon which the Employee's employment shall be terminated and separation from the Employer shall occur; and WHEREAS, this Agreement is intended to resolve any and all claims between the parties and to provide a framework for their future relationship consistent with applicable United States law.

1. Separation:

The Employee's employment with the Employer shall terminate on the Effective Date specified above. The Employee agrees to resign and the Employer agrees to accept the resignation under the terms of this Agreement.

2. Final Compensation and Benefits:

The Employer shall pay the Employee all earned wages, accrued but unused vacation or paid time off, and any other benefits due through the Effective Date, subject to lawful deductions. A severance payment, if any, shall be provided as follows: [Insert severance details]. All benefits shall cease on the Effective Date except as expressly provided in this Agreement or required by law.

3. Release of Claims:

In consideration for the payments and benefits provided herein, the Employee releases and forever discharges the Employer, its affiliates, subsidiaries, officers, directors, employees, agents, successors, and assigns from any and all claims, demands, liabilities, or causes of action arising out of or related to the Employee's employment or separation, including but not limited to claims under federal, state, or local laws governing employment discrimination, wrongful termination, wages, benefits, or any other matter.

4. Confidentiality and Non-Disclosure:

The Employee agrees to keep the terms of this Agreement confidential and not disclose any information concerning the Employer's business, trade secrets, or proprietary information obtained during employment, except as required by law or with prior written consent.

5. Non-Disparagement:

Both parties agree not to make any false, disparaging, or derogatory statements, whether publicly or privately, about the other party, its officers, directors, employees, or agents.

6. Return of Property:

The Employee shall return all Employer property, including but not limited to keys, documents, devices, and confidential information, on or before the Effective Date.

7. Cooperation:

The Employee agrees to cooperate reasonably with the Employer in any matters arising after termination that relate to the Employee's employment or the Employer's business.

8. No Admission of Liability:

This Agreement shall not be construed as an admission of liability or wrongdoing by either party.

9. Governing Law and Venue:

This Agreement shall be governed by and construed in accordance with the laws of the State of _____, without regard to its conflict of law provisions. The parties consent to the exclusive jurisdiction and venue of the state and federal courts located in _____ County, _____.

10. Severability:

If any provision of this Agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect and the invalid provision shall be amended to reflect the parties' intent to the fullest extent permitted by law.

11. Entire Agreement:

This Agreement contains the entire understanding of the parties and supersedes all prior agreements or understandings, whether written or oral, relating to the subject matter herein. Any amendments must be in writing and signed by both parties.

12. Voluntary Agreement:

The Employee acknowledges that they have read and understand this Agreement, have been advised to consult with an attorney of their choice, and enter into this Agreement voluntarily and without coercion.

13. No Excuses:

The Employee waives any right to revoke this Agreement after signing, except as provided by law.

SIGNATURES:

EMPLOYEE SIGNATURE

EMPLOYER SIGNATURE

Signature: _____

Signature: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

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