

DATE: [Date]

TO: [Employee Name]

ID: [Employee ID Number]

ADDRESS: [Employee Address]

RE: NOTICE OF INCENTIVE COMPENSATION CLAWBACK ENFORCEMENT

Dear [Employee Name],

This letter serves as formal notification that [Company Name] (the "Company") is exercising its right to recover incentive-based compensation previously awarded to you. This action is being taken in accordance with the Company's Clawback Policy and the terms of your [Employment Agreement/Incentive Plan].

Reason for Clawback:

The Compensation Committee has determined that a recovery event has occurred based on: [Insert specific reason, e.g., Financial Restatement, Misconduct, Breach of Restrictive Covenant, or Calculation Error].

Calculation of Amount:

As a result of this determination, the Company has recalculated your incentive compensation for the period of [Start Date] to [End Date].

- Original Amount Received: \$[Amount]
- Revised Eligible Amount: \$[Amount]
- **Total Amount to be Repaid: \$[Amount]**

Repayment Terms:

The Company requires the repayment of \$[Amount] by [Due Date]. Please indicate your preferred method of repayment from the options below:

- Lump sum payment via check or wire transfer.
- Reduction of future incentive payments or bonuses.
- Offset against outstanding wages or accrued vacation (where permitted by law).
- Structured payroll deduction plan.

Please contact [Department/Name] at [Phone/Email] by [Date] to confirm your repayment arrangements. Failure to reach an agreement or fulfill the repayment may result in further legal action to recover the funds.

Sincerely,

[Signature]

[Name of Authorized Officer]

[Title]

[Company Name]