

[Company Name]
[Company Address]
[Date]

[Employee Name]
[Employee Address]

Subject: Acceptance of Resignation and Transition Support

Dear [Employee Name],

This letter is to formally acknowledge and accept your resignation from the position of [Job Title], effective [Last Working Day].

We understand that your decision to step down is related to your physical disability and the need to prioritize your health and transition. We want to express our sincere gratitude for your contributions to [Company Name] and for the professionalism you have shown during your tenure.

Regarding your transition, the Human Resources department will provide you with information concerning:

- Final pay and compensation for unused leave.
- Information on disability benefits or insurance conversion (if applicable).
- Details regarding the return of company property.
- Documentation required for your records.

Please let us know if there are specific accommodations or assistance you require during your final days with us to make this transition as smooth as possible.

We wish you the very best in your recovery and all your future endeavors.

Sincerely,

[Manager Signature]
[Manager Name]
[Title]