

[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

Dear [Employee Name],

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

We have received your notification regarding your need for extended medical treatment. Please be assured that we respect your privacy and understand that your health and recovery must be your primary focus at this time.

Regarding your transition and benefits:

- **Final Pay:** Your final paycheck, including any accrued vacation or PTO, will be issued on [Date].
- **Health Benefits:** Information regarding the continuation of your health insurance (COBRA) will be sent to your home address by [Department Name/Provider].
- **Company Property:** Please arrange to return your [laptop/keys/ID badge] by [Date/Time].

We thank you for your contributions to [Company Name] and wish you a full and speedy recovery. If there is anything we can do to assist with your transition, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Your Signature]

[Your Name]  
[Your Title]  
[Company Name]