

[Current Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Acceptance of Resignation Due to Workplace Injury

Dear [Employee Name],

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

We understand that your decision to resign is based on medical advice following your workplace injury sustained on [Date of Injury]. We regret that your health status prevents you from continuing your duties, and we prioritize your recovery and well-being.

Regarding your workers' compensation claim, [Company Name] will continue to cooperate with the insurance provider to ensure your case is handled according to legal requirements. Your resignation does not waive your rights to benefits related to this specific injury claim.

Our Human Resources department will contact you regarding the following:

- Final pay and compensation for unused leave.
- Information on COBRA or health insurance continuation.
- Return of company property.

Thank you for your service to [Company Name]. We wish you a full and speedy recovery.

Sincerely,

[Your Name]

[Your Title]

[Company Name]