[Date]

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

Subject: Termination of Employment

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is being terminated, effective [Last Date of Employment], due to our inability to accommodate your current medical restrictions.

On [Date], we received documentation from your healthcare provider outlining the following permanent/long-term restrictions: [Briefly list restrictions].

Since receiving this information, we have engaged in an interactive process to determine if any reasonable accommodations would allow you to perform the essential functions of your position as [Job Title]. We have reviewed your current role, explored potential modifications, and looked for alternative open positions within the company for which you are qualified.

Unfortunately, we have determined that we cannot accommodate these restrictions without incurring undue hardship or significantly altering the essential nature of the role. Additionally, there are currently no vacant positions available that meet your medical requirements and qualifications.

Information regarding your final paycheck, accrued benefits, and COBRA health insurance coverage will be sent to you via [Mail/Email] by [Date]. Please return all company property, including [List items such as keys, laptop, ID badge], by [Date].

We appreciate your contributions to [Company Name] and wish you the best in your future endeavors.

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]