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

[Date]

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

Subject: Notice of Termination of Employment

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is terminated, effective [Effective Date].

This decision follows your recent Fitness for Duty evaluation conducted on [Date of Evaluation] by [Name of Medical Professional/Provider]. The results of this evaluation indicate that you are unable to perform the essential functions of your position, with or without reasonable accommodation, due to [Reason, e.g., medical non-clearance / safety concerns].

We have reviewed your position requirements and explored potential accommodations; however, it has been determined that no reasonable accommodation exists that would allow you to safely and effectively continue in your role at this time.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for hours worked through [Last Day Worked] and any accrued vacation time, will be issued on [Date] via [Payment Method].
- Your health insurance coverage will continue until [Date]. You will receive a separate notice regarding your right to continue coverage under COBRA.
- Please return all company property, including [List items: keys, laptop, ID badge], by [Date].

If you have questions regarding your benefits or the termination process, please contact [Name of HR Representative] at [Phone Number/Email].

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

Sincerely,

[Signature]
[Name of Sender]
[Job Title]