[Date]

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

Subject: Notice of Medical Separation

Dear [Employee Name],

This letter is to formally notify you of your medical separation from [Company Name], effective [Last Day of Employment].

As you are aware, we have engaged in an interactive process to discuss your medical restrictions and your ability to perform the essential functions of your position as [Job Title]. We have carefully reviewed your medical documentation dated [Date of Medical Note] and evaluated all potential workplace accommodations.

Despite our efforts to identify a reasonable accommodation, we have determined that:

- You are unable to perform the essential functions of your current role with or without reasonable accommodation.
- There are no vacant alternative positions available for which you are qualified that meet your medical restrictions.

Therefore, we must move forward with a medical separation at this time. This is a non-disciplinary action.

Regarding your final pay and benefits:

- Your final paycheck, including payment for accrued but unused vacation time, will be issued on [Date].
- Information regarding your COBRA health insurance continuation rights will be mailed to you separately.
- [Insert information regarding retirement plans or other benefits].

Please return all company property, including [keys, laptop, ID badge], by [Date].

We thank you for your service to [Company Name] and wish you the best in your recovery and future endeavors.

Sincerely,

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