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

[Date]

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

Subject: Notice of Termination due to Permanent Medical Incapacity

Dear [Employee Name],

As discussed during our meeting on [Date], we are writing to formally notify you that your employment with [Company Name] will be terminated effective [Final Date of Employment].

This decision has been made following a thorough review of your medical documentation and the outcomes of our recent consultations. Based on the medical evidence provided by [Medical Professional Name/Clinic], it has been determined that you are permanently unable to perform the essential duties of your role as [Job Title].

We have carefully explored all possibilities for reasonable accommodations and alternative positions within the company. Unfortunately, we have concluded that there are no available roles or modifications that would allow for your continued employment at this time.

Regarding your final compensation and benefits:

- Your final paycheck, including payment for hours worked up to [Final Date], will be issued on [Date].
- Payment for [Number] days of accrued but unused vacation leave will be included.
- Information regarding your health insurance (COBRA) and retirement plan options will be sent to you under separate cover.

Please return all company property, including [List items: keys, laptop, ID badge], to [Department/Name] by [Date].

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

Sincerely,

[Signature]

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