

[Date]

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

Subject: Notice of Separation due to Medical Disability

Dear [Employee Name],

This letter serves as official notification that your employment with [Company Name] will be terminated effective [Termination Date] due to your ongoing medical disability and inability to return to your position, with or without reasonable accommodation.

In connection with this separation, the company is offering you the following severance package:

- **Severance Pay:** A lump sum payment of [Amount], equivalent to [Number] weeks of pay.
- **Vacation Pay:** Payment for all accrued but unused vacation time.
- **Benefits:** Health insurance coverage will continue until [Date]. You will receive COBRA enrollment information via separate mail.

This severance package is contingent upon you signing and returning the attached Separation Agreement and General Release by [Deadline Date].

Please return all company property, including keys, badges, and electronic equipment, to the Human Resources department by [Date].

If you have questions regarding your disability benefits, retirement accounts, or the terms of this letter, please contact [HR Contact Name] at [Phone Number/Email].

We thank you for your service and wish you the best in your recovery.

Sincerely,

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