

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Manager's Name or HR Representative Name]
[Company Name]
[Company Address]

Subject: Voluntary Resignation due to Medical Disability and Request for Severance

Dear [Recipient Name],

I am writing to formally resign from my position as [Your Job Title] at [Company Name], effective [Last Working Day].

This decision is due to a permanent medical disability that prevents me from performing the essential functions of my role, even with reasonable accommodations. I have attached the necessary medical documentation from my healthcare provider to support this claim.

Given my tenure and the circumstances of my departure, I am formally requesting a voluntary medical disability severance package. I would like to discuss the following items as part of my separation:

- Severance pay based on my years of service.
- Payout of accrued but unused vacation or PTO.
- Extension of health insurance benefits (COBRA) or company-subsidized premiums for a set period.
- Information regarding long-term disability (LTD) insurance claims.

I appreciate the opportunities I have had at [Company Name] and regret that my health prevents me from continuing my employment. I am committed to making this transition as smooth as possible and will assist in the handover of my current tasks before my departure date.

Please let me know when we can meet to discuss the terms of this severance and the next steps in the separation process.

Sincerely,

[Your Signature]

[Your Printed Name]