

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

[Date]

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

Re: Separation of Employment and Severance Agreement

Dear [Employee Name],

As we have previously discussed, your long-term medical disability prevents you from returning to your position as [Job Title]. Consequently, your employment with [Company Name] will officially end on [Termination Date].

To assist you during this transition, the company is offering the following severance package:

- **Severance Pay:** A gross amount of \$[Amount], equivalent to [Number] weeks of pay, subject to standard withholdings.
- **Health Benefits:** Coverage will continue through [Date]. Information regarding COBRA enrollment will be sent under separate cover.
- **Accrued Time:** Payment for [Number] hours of unused vacation/PTO.

This offer is contingent upon your signing and returning the attached Release of Claims Agreement by [Deadline Date].

Regarding your long-term disability benefits, [Name of Insurance Provider] will continue to manage your claim independently of your employment status. Please contact [HR Contact Name] at [Phone Number] for assistance with any remaining benefit documentation.

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

Sincerely,

[Signature]
[Name of Sender]
[Title]