

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

[Date]

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

Subject: Separation of Employment and Severance Agreement

Dear [Employee Name],

This letter follows our recent discussions regarding your medical status. Based on the medical documentation provided, it is understood that you are experiencing a permanent disability that prevents you from performing the essential functions of your role, with or without reasonable accommodation.

Consequently, we regret to inform you that your employment with [Company Name] will terminate effective [Termination Date].

In recognition of your service, the company is offering you the following severance package:

- **Severance Pay:** A lump sum payment of \$[Amount], less applicable taxes and withholdings.
- **Benefits:** Health insurance coverage will continue through [Date]. Information regarding COBRA enrollment will be sent under separate cover.
- **Unused PTO:** Payment for [Number] hours of accrued but unused vacation/paid time off.

This severance package is contingent upon the signing and return of the enclosed Release of Claims Agreement by [Deadline Date].

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

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

Sincerely,

[Sender Name]
[Sender Title]