

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]

[Date]

[Recipient Name]  
[Title]  
[Company Name]  
[Company Address]

Re: Separation of Employment Due to Undue Hardship and Medical Disability

Dear [Recipient Name],

This letter serves as a formal follow-up to our interactive process regarding my request for reasonable accommodation due to my medical disability. As discussed, my current medical condition prevents me from performing the essential functions of my position as [Job Title], even with the accommodations explored.

Since the company has determined that no further reasonable accommodations can be made without causing undue hardship to operations, and no suitable alternative positions are available, we have mutually reached the point of separation of employment effective [Last Date of Employment].

In light of these circumstances, I am formally requesting a severance package to assist with my transition and ongoing medical expenses. I request that the company considers the following as part of my separation:

- Severance pay based on my years of service.
- Compensation for accrued but unused vacation or PTO.
- Extension of health insurance benefits (COBRA) or employer-paid premiums for a specified period.
- Outplacement services or vocational rehabilitation support.

I appreciate the opportunities I have had at [Company Name] and regret that my health status has necessitated this conclusion. I am prepared to sign a separation agreement and release of claims in exchange for the aforementioned severance terms.

Please provide me with the formal separation documentation and the company's proposal regarding severance by [Date]. I look forward to resolving this matter amicably.

Sincerely,

[Your Signature]

[Your Printed Name]