

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

[Date]

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

Re: Notice of Separation due to Medical Disability

Dear [Employee Name],

This letter serves as formal notification that your employment with [Company Name] is being terminated effective [Separation Date] due to your medical inability to return to your position.

We have reviewed your medical documentation and explored all reasonable accommodations and alternative placement options. Based on this review and in accordance with the Collective Bargaining Agreement (CBA) between [Company Name] and [Union Name], it has been determined that you are unable to perform the essential functions of your role.

As a result of this separation, you are entitled to the following severance and benefits package as outlined in Article [Number] of the CBA:

- **Severance Pay:** You will receive [Amount/Weeks of Pay] based on your years of service.
- **Vacation/PTO Pay:** You will be paid for all accrued but unused vacation time.
- **Health Insurance:** Your coverage will continue through [Date]. Information regarding COBRA enrollment will be sent under separate cover.
- **Pension/Retirement:** Please contact the [Union Name] Benefits Office to discuss your disability retirement options.

This severance is contingent upon your signing the attached Release of Claims agreement. You are encouraged to consult with your [Union Name] Representative regarding this transition. A copy of this letter has been forwarded to the Union Local [Number] office.

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

Sincerely,

[Manager/HR Name]
[Title]
[Company Name]

cc: [Union Representative Name / Union Local Number]