

[Company Letterhead]

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notice of Termination of Employment and Severance Agreement

Dear [Employee Name],

This letter is to formally notify you that your employment with [Company Name] is being terminated, effective [Date], due to your inability to return to your duties following your medical leave and the resulting inability to complete your probationary period.

We understand that your current medical disability prevents you from performing the essential functions of your role. As you are still within your probationary period, and after reviewing available options, we have determined that we are unable to maintain your employment at this time.

Severance Offer:

Although not required under company policy for probationary employees, the company would like to offer you a discretionary severance payment of [Amount] in exchange for signing a standard Release of Claims agreement. This payment is intended to assist you during your transition.

Benefits and Final Pay:

- Your final paycheck, including all hours worked up to [Date], will be issued on [Date].
- You will receive a separate notice regarding your COBRA rights and the status of any company-provided benefits.
- [Optional: Mention unused vacation pay if applicable by state law].

Return of Property:

Please arrange for the return of all company property, including [List items: keys, laptop, ID badge], by [Date].

Attached to this letter is the Separation and Release Agreement. Please review this document carefully. To accept this offer, you must sign and return the agreement by [Deadline Date].

We wish you the best in your recovery and your future endeavors.

Sincerely,

[Signature]

[Name of Manager/HR Representative]

[Title]