

[Your Name]  
[Your Job Title]  
[Your Employee ID Number]  
[Your Home Address]  
[Your Phone Number]  
[Your Email]

[Date]

[Manager's Name or HR Representative Name]  
[Company Name]  
[Company Address]

Subject: Formal Request for Medical Retirement

Dear [Recipient Name],

I am writing to formally request medical retirement from my position as [Job Title] at [Company Name], effective [Last Working Date].

This has been a difficult decision, but due to ongoing health issues, I am no longer able to perform the essential duties of my role. My medical condition makes it impossible for me to maintain the required standards of my employment, despite my desire to continue working.

Attached to this letter, please find medical documentation from my healthcare provider confirming my diagnosis and the recommendation for retirement based on my physical/mental limitations. I am prepared to provide any additional information or undergo further assessments required by the company's retirement policy.

I would appreciate your guidance on the next steps regarding the processing of my retirement benefits, pension, and any outstanding leave balance. Please let me know what forms I need to complete to ensure a smooth transition.

I want to thank you for the opportunities I have had while working at [Company Name]. I have enjoyed being part of the team and regret that my health has necessitated this request.

Thank you for your understanding and assistance during this time.

Sincerely,

[Your Signature]

[Your Printed Name]