

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Recipient Name or Department Name]
[Organization/Agency Name]
[Address]

Subject: Formal Request for Occupational Disability Retirement

Dear [Recipient Name],

Please accept this letter as my formal application for occupational disability retirement from my position as [Your Job Title] at [Organization Name], effective [Proposed Last Day of Work].

I am requesting this retirement due to a permanent medical condition that prevents me from performing the essential duties of my position. As documented in the attached medical records, my disability is a direct result of [mention if it was a specific workplace injury or an illness arising from employment duties].

Despite medical treatment and [mention any attempted accommodations, if applicable], I am no longer able to meet the physical or mental requirements necessary to fulfill my professional responsibilities. I have attached the following supporting documents for your review:

- Physician's medical evaluation and diagnosis
- Functional capacity assessment
- [List any other relevant medical or incident reports]

I would appreciate your guidance on the next steps of this process, including the necessary forms and the timeline for the review of my claim. Please let me know if you require any further information from me or my healthcare providers.

Thank you for your assistance and support regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Employee ID Number, if applicable]