

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

[Manager Name or HR Department]  
[Company Name]  
[Company Address]

Re: Request for Disability Retirement - [Your Full Name]

Dear [Recipient Name],

Please accept this letter as a formal request for disability retirement from my position as [Your Job Title] at [Company Name], effective [Last Working Date].

This request is a direct result of the workplace injury I sustained on [Date of Injury] while performing my duties. Due to the severity of this injury and the resulting permanent physical limitations, I am no longer able to perform the essential functions of my role, even with reasonable accommodations. This decision is supported by the medical evaluations provided by my healthcare providers.

I have attached the necessary medical documentation and certifications from my physicians detailing my diagnosis and the permanent nature of my disability. I have also included the formal application forms required by the [Name of Pension/Retirement Plan].

Please let me know the next steps regarding my benefits, final compensation, and the processing of my retirement paperwork. I am available via phone or email to discuss this transition and ensure all requirements are met.

Thank you for your assistance and support during this difficult time.

Sincerely,

[Your Signature]  
[Your Printed Name]

Enclosures: Medical Certification, Retirement Application Forms