

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

[Date]

[Recipient Name]  
[Title]  
[Organization/Agency Name]  
[Department]

**Subject: Application for Disability Retirement - [Your Full Name]**

Dear [Recipient Name],

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

This request is based on a chronic mental health condition that has progressed to the point where I am no longer able to perform the essential duties of my position, despite medical treatment and attempts to manage the symptoms. My condition significantly impairs my ability to [mention 1-2 key job functions, e.g., maintain focus, interact with the public, or manage high-stress tasks].

I have reached this decision after consultation with my medical providers, who have concluded that my condition is long-term and prevents me from maintaining regular and efficient service. Attached to this letter, please find [mention any attached documents, such as medical certifications or physician statements] supporting this application.

I am committed to cooperating with the [Human Resources/Pension Board] to complete all necessary paperwork and medical evaluations required for the approval of this request. Please inform me of the next steps in the process and any specific forms I need to submit.

Thank you for your time and professional handling of this sensitive matter.

Sincerely,

[Your Signature]

[Your Printed Name]