

Termination Letter for Health-Related Reasons

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We regret to inform you that your employment with [Company Name] will be terminated effective [Termination Date]. This decision has been made after careful consideration of your health-related circumstances that have restricted your ability to perform your job duties adequately.

We understand that this is a difficult time for you, and we want to express our support. Please know that we will assist you in transitioning to your next steps and provide any necessary resources during this period.

If you have any questions or require additional information regarding your final paycheck or benefits, please do not hesitate to reach out.

We wish you all the best for your recovery and future endeavors.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Phone Number]

[Company Email Address]