

Employment Contract Termination

Date: [Insert Date]

[Employee's Name]

[Employee's Address]

[City, State, Zip Code]

Dear [Employee's Name],

We regret to inform you that due to health issues that have impacted your ability to fulfill your duties, we must terminate your employment with [Company Name] effective [Insert Termination Date].

This decision was not made lightly, and we appreciate the contributions you have made during your time with us. Your well-being is paramount, and we hope that you find the necessary support and recovery during this difficult time.

Please contact the HR department to discuss any final arrangements and to ensure you receive any entitled benefits.

We wish you all the best for your future endeavors.

Sincerely,

[Your Name]

[Your Position]

[Company Name]

[Company Address]

[City, State, Zip Code]