

Resignation Letter Template (Medical Reasons) for Government Employees

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title/Position]
[Department Name/Agency Name]
[Agency Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally resign from my position as [Your Job Title] with the [Department/Agency Name], effective [Last Working Day, typically two weeks from the date above], due to medical reasons.

After careful consideration and consultation with my healthcare provider, I have concluded that it is necessary for me to step down in order to address ongoing health concerns and prioritize my well-being. This decision has not been easy, as I have greatly valued my time serving the community and working alongside my colleagues in the [Department/Agency Name].

I want to express my sincere gratitude for the opportunities, guidance, and support provided to me during my tenure. It has been an honor to contribute to the mission of our agency, and I appreciate the trust and responsibilities entrusted to me.

I am committed to ensuring a smooth transition of my duties. Please let me know how I can assist during this process or provide any necessary information to support my successor or the team.

Thank you for your understanding and support during this difficult time. I hope to maintain positive relations in the future, and I am deeply appreciative of the experiences I have gained in my role.

Sincerely,
[Your Full Name]