**Template: Notice of Medical Separation**

Proof of Service Required

[DATE]

[Employee Name]

[Title]

[Employee Address]

[Employee Email Address]

**Re: Notice of Medical Separation**

Dear [NAME]:

On [DATE], you were provided a Notice of Intent to Medically Separate. The Notice provided you with the opportunity to respond prior to a final decision being made.

**IF SKELLY RESPONSE PROVIDED ORALLY OR IN WRITING:** The Skelly reviewer, [NAME], took into consideration the statements and information provided by you [and your representative, NAME,] on [DATE]. I have reviewed the recommendation of the Skelly reviewer, and I find no basis to rescind the intended action.

**IF NO RESPONSE PROVIDED:** You did not provide a response to the intended action, and I have found no cause to change the intended action.

[**FOR REPRESENTED**: You may consult [Section/Article – Policy or Contract] for your appeal rights.

**FOR POLICY-COVERED**: You have the right to request a review of this action under PPSM-70: Complaint Resolution.]

If you have any questions about your benefits, please call the Employee Experience Center at (949) 824-0500.

I want to take this opportunity to thank you for your service to UC Irvine and to wish you well in your future endeavors.

Sincerely,

[Name of Supervisor]

[Title]

[Department]

Enclosures: Medical Separation Review Request

[Documentation as appropriate]

Proof of Service

cc: [Department Head Name, Title]

[Human Resources Business Partner Name, Title]

[Workforce Relations Name, Title]

[Disability Management Specialist Name, Title]