

[Company Name]
[Department]
[Date]

[Employee Name]
[Employee ID]
[Current Job Title]

Subject: Approval of Reasonable Accommodation and Role Transfer

Dear [Employee Name],

This letter is to formally confirm that [Company Name] has approved your request for a reasonable accommodation. After reviewing your medical documentation and engaging in the interactive process, we have determined that a transfer to a different position is an effective accommodation.

Effective [Start Date], you will be transferred to the position of [New Job Title] within the [New Department]. Your new supervisor will be [Manager Name].

Terms of Transfer:

- **Compensation:** Your new salary/hourly rate will be [Amount].
- **Work Schedule:** Your new hours will be [Schedule/Shift].
- **Location:** Your new work location will be [Location/Remote/Office].
- **Duties:** A copy of the new job description is attached to this letter.

We believe this reassignment will allow you to continue performing the essential functions of your role with your requested accommodations. Please coordinate with your current supervisor and your new manager to ensure a smooth transition of your current responsibilities.

If you have any questions regarding this transfer or if your medical needs change in the future, please contact the Human Resources Department.

Sincerely,

[Signature]
[Name of HR Representative/Manager]
[Title]

Employee Acknowledgment:

I accept the transfer to the position of [New Job Title] as a reasonable accommodation.

Signature: _____ Date: _____