

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Subject: Offer of Alternative Position for Disability Accommodation

Dear [Employee Name],

Following our recent discussions regarding your request for workplace accommodation and our review of your functional limitations, we have determined that your current role of [Current Job Title] cannot be modified to meet your needs without creating undue hardship for the company or impacting essential job functions.

As part of the interactive process, we have identified an alternative position that aligns with your current medical restrictions and qualifications. We are pleased to offer you the following role:

Position Title: [Insert New Job Title]

Department: [Insert Department]

Supervisor: [Insert Supervisor Name]

Start Date: [Insert Date]

Salary/Wage: [Insert Amount] per [Hour/Year]

Schedule: [Insert Hours/Days]

The duties of this role have been reviewed against your medical documentation, and we believe this placement will provide the necessary accommodation for you to continue your employment with [Company Name].

Please note that by accepting this transfer, you will be subject to the terms and conditions associated with the new position. If you choose to decline this offer, please be aware that we may not have other vacant positions available that meet your restrictions, which may impact your continued employment.

Please indicate your decision by signing below and returning this letter to Human Resources by [Insert Deadline Date].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

Employee Acceptance/Declination:

I accept the offer for the position of [Insert New Job Title].
I decline the offer for the position of [Insert New Job Title].

Signature: _____

Date: _____