

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Request for Reasonable Accommodation Transfer

Dear [Employee Name],

We have completed our review of your request for a reasonable accommodation transfer to the position of [Requested Position/Location], submitted on [Date of Request].

After careful consideration of the medical documentation provided and an evaluation of our current operational needs, we are unable to grant your request for a transfer at this time for the following reason(s):

- [Insert Reason: e.g., There are no current vacancies for the requested position.]
- [Insert Reason: e.g., You do not meet the minimum qualifications for the target position.]
- [Insert Reason: e.g., The transfer would create an undue hardship on the organization.]
- [Insert Reason: e.g., Other effective accommodations are available in your current role.]

Please note that this denial specifically pertains to the transfer request and does not preclude you from requesting other forms of accommodation. We remain committed to engaging in the interactive process to identify alternative accommodations that may allow you to perform the essential functions of your current position.

We would like to schedule a meeting on [Date] at [Time] to discuss other potential options or modifications to your current work environment. If you have any questions regarding this decision, please contact [HR Representative Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Management/HR Official]

[Title]