

[Date]

[Employee Name]

[Employee ID]

[Current Department]

Subject: Final Implementation of Reasonable Accommodation - Reassignment/Transfer

Dear [Employee Name],

This letter serves as formal notification regarding the finalization of your reasonable accommodation request. Following our interactive process and the review of your medical documentation, [Company Name] has approved your transfer to a new position as a reasonable accommodation.

Transfer Details:

- **New Position Title:** [Title]
- **Department:** [Department Name]
- **Supervisor:** [Supervisor Name]
- **Effective Date:** [Date]
- **Work Location:** [Address/Office Number]

Terms of Transfer:

Your rate of pay in this new position will be [Rate]. Your benefits [will remain the same / will change as follows: Details]. This transfer is considered a permanent placement unless otherwise specified.

Reporting Instructions:

On [Date] at [Time], please report to [Name/Location] to begin your orientation in the new department. Your new supervisor has been informed of your start date and is prepared to assist with your transition.

We believe this reassignment effectively meets your medical restrictions while allowing you to continue providing valuable service to the organization. If you have any questions regarding this transition, please contact the Human Resources Department at [Phone Number/Email].

Sincerely,

[Signature]

[Name of HR Representative]

[Title]

[Company Name]

cc: [Personnel File]
[New Department Manager]