

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Review of Short-Term Disability Leave Accommodation Request

Dear [Employee Name],

We have received your request for an extension of your Short-Term Disability (STD) leave or a modification to your current return-to-work plan. This letter is to acknowledge that we are currently reviewing your request for reasonable accommodation.

To process this review effectively, we require the following information by [Deadline Date]:

- Updated medical certification from your healthcare provider.
- The anticipated duration of the requested leave or modification.
- Specific information regarding functional limitations that impact your essential job duties.

Our Human Resources department will evaluate this information to determine if the requested accommodation is reasonable and does not cause undue hardship to company operations. We may also explore alternative accommodations that would allow you to perform your job effectively.

Please submit the required documentation to [Contact Name/Department] via [Email/Fax/Portal].

If you have any questions regarding this process, please contact [Contact Person] at [Phone Number].

Sincerely,

[Your Name]

[Your Title]

[Company Name]