

[Date]

[Employee Name]

[Employee Job Title]

[Employee ID/Department]

Subject: Approval of Workplace Accommodation Request

Dear [Employee Name],

We are writing to formally notify you that your request for a workplace accommodation, submitted on [Date], has been approved. [Company Name] is committed to providing a supportive and inclusive work environment for all employees.

Based on our interactive discussion and the documentation provided, the following accommodation(s) will be implemented:

- [Description of specific accommodation 1]
- [Description of specific accommodation 2]
- [Description of specific accommodation 3]

The effective start date for these changes will be [Date]. These accommodations will remain in place until [Date or "further notice"].

We will schedule a follow-up meeting on [Date] to review the effectiveness of these adjustments and ensure they are meeting your needs while allowing you to perform the essential functions of your role.

Please note that your medical information remains confidential and will only be shared with those individuals necessary to implement the accommodation. If you have any questions or if your circumstances change, please contact [Name of HR Representative] at [Phone Number/Email].

Sincerely,

[Your Signature]

[Your Name]

[Your Title]

[Company Name]