

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Acknowledgment of Accommodation Leave Request

Dear [Employee Name],

This letter is to formally acknowledge that the Human Resources department has received your request for leave as a form of workplace accommodation, starting on [Start Date].

We are currently reviewing your request in accordance with the [Company Name] policies and applicable disability and employment laws. To assist us in this process, we have attached the necessary medical certification forms which must be completed by your healthcare provider and returned to HR by [Due Date].

Please be advised that all medical information will be kept strictly confidential and stored separately from your personnel file.

During this period, we may contact you to discuss the details of your leave or potential alternative accommodations that may allow you to perform your essential job functions. Our goal is to engage in an interactive process to find a solution that supports your health needs while meeting business requirements.

If you have any immediate questions regarding your benefits, job protection, or the status of your request, please contact [HR Representative Name] at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[HR Representative Name]

[Title]

[Company Name]