

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Denial of Request for Alternative Work Arrangement / Leave of Absence

Dear [Employee Name],

Thank you for submitting your request for an [Alternative Work Arrangement / Leave of Absence] dated [Date of Request]. We have carefully reviewed your proposal in accordance with company policy and operational requirements.

After thorough consideration, we regret to inform you that your request has been denied at this time for the following reason(s):

- [Insert Reason: e.g., Incompatibility with job duties]
- [Insert Reason: e.g., Current staffing levels and business needs]
- [Insert Reason: e.g., Impact on departmental productivity]

Please note that this decision does not preclude you from submitting a new request in the future should your circumstances or the department's operational needs change.

If you have any questions regarding this decision or wish to discuss other possible options, please contact [Name/Department] at [Contact Information].

Sincerely,

[Manager Signature]

[Manager Name]

[Job Title]

cc: [Human Resources Department]