[Company Name]
[Human Resources Department]
[Date]

[Employee Name]
[Employee ID]
[Job Title]

Subject: Approval of Reasonable Accommodation Request

Dear [Employee Name],

This letter is to formally notify you that your request for a medical accommodation has been reviewed and approved. Based on the medical documentation provided and our recent discussions, the company will implement the following accommodation(s):

- **Accommodation:** [Description of specific adjustment, equipment, or schedule change]
- **Effective Date:** [Start Date]
- **Duration:** [Permanent or specify End Date/Review Date]

The purpose of this accommodation is to assist you in performing the essential functions of your position. Please note that this approval is specific to the current requirements outlined above. If your medical condition changes or if the approved accommodation is not effectively supporting your needs, please contact the Human Resources Department immediately.

All medical information provided during this process will be kept confidential and stored in a file separate from your personnel record, in accordance with applicable privacy laws.

We look forward to your continued contributions to the team.

Sincerely,

[Signature]
[Name of HR Representative/Manager]
[Title]

Employee Acknowledgment:

I acknowledge that I have received this letter and understand the terms of the approved accommodation.

Signature: _____ Date: _____