[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Temporary Medical Accommodation - Schedule Adjustment

Dear [Employee Name],

This letter is to formally notify you that your request for a temporary medical accommodation regarding your work schedule has been approved. This decision is based on the medical documentation provided on [Date].

Approved Schedule Details:

- **Effective Start Date:** [Date]
- **Expected End Date:** [Date]
- **Modified Schedule:** [Insert hours/days, e.g., Monday-Friday, 10:00 AM to 3:00 PM]
- **Additional Restrictions:** [Insert any other relevant details or N/A]

Please note that this is a temporary arrangement. We will meet on or before [Review Date] to discuss your status and determine if further accommodation is necessary. You are required to provide updated medical documentation if an extension is requested.

During this period, you remain responsible for performing the essential functions of your position. Please maintain regular communication with your supervisor, [Supervisor Name], regarding your workflow and any updates to your condition that may impact your ability to work.

If you have any questions regarding this accommodation, please contact the Human Resources department at [Phone Number/Email].

Sincerely,

[Your Name]
[Your Title]
[Company Name]