[Company Name]
[Department]
[Date]

[Employee Name]
[Employee ID]
[Office Location/Remote Address]

Subject: Approval of Medical Accommodation Request - Ergonomic Workspace

Dear [Employee Name],

This letter is to formally notify you that your request for a medical accommodation regarding your workspace has been approved. This decision follows our review of the medical documentation provided on [Date] and our subsequent discussion regarding your functional limitations.

The company will provide the following ergonomic equipment/modifications to assist you in performing your essential job functions:

- [Item 1: e.g., Height-adjustable standing desk]
- [Item 2: e.g., Ergonomic task chair with lumbar support]
- [Item 3: e.g., Ergonomic keyboard and mouse]
- [Item 4: e.g., Monitor arm or riser]

Implementation Details:

- **Procurement:** The equipment will be ordered by [Department Name] on [Date].
- **Installation:** [Facilities/IT Team] will contact you by [Date] to schedule the setup of this equipment.
- **Ergonomic Assessment:** A professional ergonomic evaluation will be scheduled for [Date/Time] to ensure the new equipment is configured correctly for your needs.

Please note that this accommodation is specific to your current medical needs. If your medical status changes or if the provided equipment does not sufficiently address your limitations, please contact the Human Resources department immediately to discuss potential adjustments.

We remain committed to providing a safe and productive work environment for all employees. If you have any questions regarding this approval, please contact [HR Representative Name] at [Phone/Email].

Sincerely,

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