[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Light Duty Medical Accommodation

Dear [Employee Name],

This letter is to formally notify you that your request for a temporary medical accommodation has been approved. Based on the medical documentation provided by your healthcare provider dated [Date of Medical Note], [Company Name] has identified a light-duty assignment that aligns with your current physical restrictions.

Accommodation Details:

- **Start Date:** [Start Date]
- **Estimated End Date:** [End Date/Review Date]
- **Work Schedule:** [Days and Hours]
- **Reporting Supervisor:** [Name of Supervisor]

Approved Restrictions and Modifications:
During this period, your duties will be modified as follows to adhere to your medical limitations: [List specific restrictions, e.g., No lifting over 10 lbs, sedentary work only, frequent rest breaks, etc.]

Please note that you are not permitted to perform any tasks that exceed the restrictions outlined above. If you are asked to perform a task that you feel violates these restrictions, or if your medical condition changes, please notify [HR Contact Name/Supervisor] immediately.

We will review your status on [Review Date] to determine if the accommodation needs to be extended, modified, or if you are able to return to your full regular duties. An updated medical release will be required at that time.

We look forward to your continued contributions during this transition.

Sincerely,

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

Employee Acknowledgment:

I accept the light-duty assignment as described above and agree to comply with the medical restrictions provided.

Signature: _____ Date: _____