[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Medical Accommodation - Flexible Working Hours

Dear [Employee Name],

This letter is to formally notify you that [Company Name] has approved your request for a medical accommodation regarding your work schedule. This decision was made following a review of the medical documentation provided on [Date].

We have approved the following modification to your working hours:

- **Approved Schedule:** [Detail the specific hours, e.g., 10:00 AM to 6:00 PM or flexible start/end times]
- **Effective Date:** [Start Date]
- **Duration:** [Specify if permanent or provide a re-evaluation date, e.g., until MM/DD/YYYY]

All other terms and conditions of your employment, including your core job responsibilities and total required weekly hours, remain unchanged. You are expected to maintain regular communication with your supervisor, [Supervisor Name], regarding your daily arrival and departure times.

Please note that this accommodation is subject to periodic review to ensure it continues to meet your medical needs and the operational requirements of the department. Should your medical situation change, please notify Human Resources immediately.

If you have any questions regarding this arrangement, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

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

Employee Acknowledgment:

I accept the terms of this accommodation as outlined above.

Signature: ____________________________ Date: _______________