Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID]

Subject: Approval of Medical Accommodation: Job Task Restructuring

Dear [Employee Name],

This letter is to formally notify you that your request for a medical accommodation has been approved. Following a review of the medical documentation provided and our recent interactive discussion, [Company Name] has approved a restructuring of your current job tasks to support your medical needs.

The following modifications to your job duties will be implemented effective [Start Date]:

- **Redistributed Tasks:** The following tasks will be temporarily or permanently reassigned to other team members: [List specific tasks].
- **Modified Tasks:** The following tasks will be adjusted in the following manner: [Describe how tasks will be changed].
- **New Focus Areas:** Your primary responsibilities will now focus on: [List primary duties].

This accommodation is currently scheduled to remain in effect until [End Date/Review Date]. We will meet on [Date] to discuss the effectiveness of this restructuring and determine if further adjustments are necessary.

Please note that you are still expected to meet the performance standards and essential functions of your role as defined by this restructuring. If you find that these adjustments are not sufficiently meeting your medical needs, or if your medical status changes, please contact [HR Representative Name] immediately.

All medical information will continue to be kept confidential in accordance with company policy and legal requirements.

Sincerely,

[Signature]

[Sender Name]
[Sender Title]
[Company Name]