[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Facility Accessibility Medical Accommodation

Dear [Employee Name],

This letter is to formally notify you that your request for a medical accommodation regarding facility accessibility has been approved.

Following a review of your medical documentation and our interactive discussion, the following accommodations will be implemented to ensure your workplace is accessible:

- [Description of specific modification, e.g., Automatic door opener installation]
- [Description of specific modification, e.g., Relocation of workstation to the ground floor]
- [Description of specific modification, e.g., Reserved accessible parking space]
- [Description of specific modification, e.g., Modification of restroom fixtures]

These modifications are scheduled to be completed/effective by [Date].

Please note that this accommodation is based on your current medical needs. Should your requirements change, or if you find that the provided accommodation does not effectively address your accessibility needs, please contact the Human Resources Department immediately to re-evaluate the plan.

We are committed to providing an inclusive work environment. If you have any questions regarding these arrangements, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Signature]
[Name of Authorized Official]
[Title]
[Company Name]