[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Medical Accommodation - Extended Break Time

Dear [Employee Name],

This letter is to formally notify you that your request for a medical accommodation regarding extended break times has been approved. This decision was made following a review of the medical documentation provided on [Date].

The following accommodation details have been established:

- **Accommodation Type:** Extended/Additional Break Periods.
- **Frequency/Duration:** [e.g., An additional 15-minute break every two hours / An extension of the lunch hour by 30 minutes].
- **Effective Date:** [Start Date].
- **Review Date:** [End Date or "To be determined"].

Please coordinate with your direct supervisor, [Supervisor Name], to determine the specific timing of these breaks to ensure operational requirements are met while meeting your medical needs.

We will treat all medical information provided as confidential. This accommodation will be reviewed periodically to ensure it remains effective and appropriate for your role.

If you have any questions or if your medical needs change, please contact the Human Resources department.

Sincerely,

[Signature]
[Name of HR Representative]
[Title]
[Company Name]