

[Date]

[Employee Name]

[Employee ID]

[Department]

Re: Notice of Decision Regarding Request for Medical Accommodation

Dear [Employee Name],

We have completed our review of your request for medical accommodation dated [Date of Request]. As part of this process, we engaged in an interactive discussion with you and carefully evaluated the documentation provided by your healthcare provider.

After a thorough assessment, [Company Name] is unable to grant your requested accommodation of [Specific Accommodation Requested]. We have determined that implementing this specific accommodation would result in an undue hardship for the organization. This determination is based on the following factors:

- [Insert specific reason: e.g., Significant impact on operations]
- [Insert specific reason: e.g., Fundamental alteration of the nature of the position]
- [Insert specific reason: e.g., Significant financial or administrative burden]

We have also explored alternative accommodations, such as [List alternatives discussed, if any]. However, [explain why alternatives were not feasible or did not resolve the conflict].

Please note that this decision is based on current operational requirements and the information provided. If your circumstances change or if you wish to propose different accommodations for consideration, we remain open to further discussion.

If you have any questions regarding this decision or wish to discuss next steps regarding your employment status, please contact [Name/Department] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]