

[Company Name]
[Address]
[City, State, Zip Code]
[Date]

[Employee Name]
[Address]
[City, State, Zip Code]

Re: Decision Regarding Request for Accommodation

Dear [Employee Name],

This letter is in follow-up to our interactive process meeting on [Date] regarding your request for workplace accommodations. We have carefully reviewed your request and the medical documentation provided by your healthcare provider.

Specifically, you requested a modification to the following job duty: [Description of the duty]. After conducting a thorough analysis of your position, we have determined that this duty is an essential function of your role as [Job Title].

Under company policy and applicable law, we are not required to remove or fundamentally alter essential job functions. As a result, your request to modify or eliminate this specific duty is denied because:

- The function is fundamental to the purpose of the position.
- The removal of this function would result in a significant redistribution of workload to other employees.
- [Insert additional reason if applicable, e.g., safety concerns or operational impact].

Although we cannot grant this specific modification, we remain committed to exploring alternative accommodations that would allow you to perform all essential functions of your job. We have previously discussed [mention other options explored, if any].

Please contact [Name/Department] by [Date] to discuss whether other effective accommodations are available or to discuss your next steps regarding your employment status.

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Department]