

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Medical Accommodation Request

Dear [Employee Name],

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

After careful consideration, we are unable to grant your request for [Description of the specific accommodation requested].

Our decision is based on the following reason(s):

- [Option 1: The requested accommodation creates an undue hardship on the operation of the business.]
- [Option 2: The requested accommodation would require the removal of an essential function of your job position.]
- [Option 3: The requested accommodation poses a direct threat to the health or safety of yourself or others in the workplace.]
- [Option 4: The medical documentation provided does not support the necessity of the specific accommodation requested.]

Specifically, [Insert detailed explanation of why the request is unreasonable or causes hardship].

While we cannot fulfill this specific request, we remain committed to supporting your ability to perform your job. [Optional: We would like to propose the following alternative accommodation: Description of alternative].

If you have additional information or wish to discuss alternative options, please contact [Name of HR Representative] at [Phone Number/Email] by [Date].

Sincerely,

[Your Name]

[Your Title]

[Company Name]