

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Notice of Decision Regarding Request for Medical Accommodation

Dear [Employee Name],

This letter is to inform you of our decision regarding your request for a medical accommodation dated [Date of Request]. We have carefully reviewed your request, the medical documentation provided, and the requirements of your position as [Job Title].

After conducting an individualized assessment and engaging in the interactive process, we have determined that we cannot grant your requested accommodation. Our assessment indicates that performing the essential functions of your role with the requested accommodation poses a direct threat to the health or safety of yourself or others in the workplace.

Specifically, our review found that:

- [Describe the specific safety risk or significant risk of substantial harm].
- [Explain why the requested accommodation does not sufficiently eliminate or reduce the risk to an acceptable level].
- [Mention any alternative accommodations that were considered and why they were also deemed ineffective or unsafe].

Because the safety risk cannot be mitigated through reasonable accommodation without causing an undue hardship on operations or compromising safety standards, we are unable to approve your request at this time.

We remain committed to supporting our employees. If your medical status changes or if you wish to discuss other potential open positions for which you are qualified and that do not pose a direct safety threat, please contact the Human Resources Department.

Sincerely,

[Name]

[Title]

[Company Name]