

[Date]

[Employee Name]

[Employee ID]

[Department]

Re: Notice of Decision Regarding Request for Medical Accommodation

Dear [Employee Name],

This letter is in response to your request for a workplace accommodation submitted on [Date] regarding [Nature of Request].

After a thorough review of the medical documentation provided by your healthcare provider and an evaluation of your current job duties, we are unable to approve your request for a formal medical accommodation at this time.

Under the Americans with Disabilities Act (ADA) and company policy, accommodations are provided for employees with a "qualifying disability." Based on the information received, your current condition does not meet the legal criteria of a qualifying disability that substantially limits a major life activity. Therefore, you are not eligible for a formal accommodation under these specific guidelines.

Please note that this decision is based strictly on the medical information currently available to us. Should your circumstances change or if you have additional medical documentation that you would like us to consider, we are open to reviewing your file again.

Although a formal medical accommodation has been denied, we encourage you to speak with your manager or Human Resources regarding [Alternative options, e.g., standard leave policies, flexible scheduling, or EAP services] that may be available to all employees.

If you have any questions regarding this decision, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]