

Date: [Insert Date]

To: [Employee Name]
[Employee ID]

Subject: Denial of Temporary Medical Accommodation Request

Dear [Employee Name],

We have received and reviewed your request for a temporary medical accommodation regarding your recent illness, along with the documentation provided on [Date].

After careful consideration of your request and the operational requirements of your department, we are unable to grant the requested accommodation at this time for the following reason(s):

- [Insert Reason: e.g., Request creates an undue hardship on operations]
- [Insert Reason: e.g., Request removes essential job functions]
- [Insert Reason: e.g., Documentation does not support the specific restriction]

Please note that this decision is based on your current temporary status. If your medical situation changes or if you wish to discuss alternative adjustments that may allow you to perform your essential job duties, please contact the Human Resources department.

We encourage you to discuss your leave options, such as [FMLA/Sick Leave/Short-Term Disability], with your HR representative if you are unable to perform your duties without this accommodation.

Sincerely,

[Your Name]
[Your Title]
[Company Name]