

Date: [Date]

To: [Employee Name]

Employee ID: [ID Number]

Subject: Determination of Medical Accommodation Request

Dear [Employee Name],

We have completed our review of your request for a medical accommodation dated [Date of Request]. We have carefully reviewed the medical documentation provided by your healthcare provider and evaluated the essential functions of your current position as [Job Title].

1. Denial of Requested Accommodation

At this time, we are unable to grant your specific request for [Description of the specific request being denied]. We have determined that this request is not feasible because:

- [Reason for denial, e.g., it eliminates an essential job function]
- [Reason for denial, e.g., it poses an undue hardship on operations]

2. Offer of Alternative Accommodation

While we cannot provide the specific accommodation requested above, we are committed to supporting your ability to perform your duties. Therefore, the company offers the following alternative accommodation(s), which we believe effectively addresses your medical limitations:

- [Description of Alternative 1]
- [Description of Alternative 2]

This alternative accommodation will begin on [Start Date] and is scheduled to be re-evaluated on [Review Date].

3. Next Steps

Please review this offer and notify Human Resources of your acceptance or rejection by [Deadline Date]. If you choose to decline this alternative accommodation, please provide a written explanation so we may continue the interactive process.

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

Sincerely,

[Name]
[Title]
[Company Name]

Employee Acknowledgment:

- I accept the alternative accommodation offered above.
- I decline the alternative accommodation offered above.

Signature: _____ Date: _____