

[Date]

[Employee Name]

[Employee ID]

[Job Title]

Subject: Determination Regarding Medical Accommodation Request

Dear [Employee Name],

This letter is to formally notify you of our decision regarding your request for a permanent remote work medical accommodation, which we received on [Date].

After carefully reviewing your medical documentation and evaluating your current job responsibilities, we are unable to grant your request for full-time remote work at this time. Our determination is based on the following reason(s):

- The request would result in an undue hardship on the operations of the department.
- The essential functions of your position, specifically [List Specific Duties], require a regular physical presence in the office.
- [Optional: Insert other specific business reasons].

Although we cannot approve full-time remote work, we remain committed to supporting your health and ability to perform your role. We would like to propose the following alternative accommodations for your consideration:

- [Alternative 1: e.g., Modified office schedule]
- [Alternative 2: e.g., Ergonomic equipment or office modifications]

Please contact [HR Contact Name] at [Phone/Email] by [Date] to discuss these alternatives or to provide additional information that you believe may assist us in finding a mutually agreeable solution.

Thank you for your cooperation throughout this interactive process.

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]