

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Request for Schedule Adjustment Accommodation

Dear [Employee Name],

This letter is regarding your formal request for a medical accommodation involving a schedule adjustment, which was received on [Date]. We have carefully reviewed your request, along with the supporting documentation provided by your healthcare provider and the requirements of your current position.

After completing an interactive dialogue and evaluating the operational needs of the department, we regret to inform you that we are unable to grant your request for the following reason(s):

- [Insert reason: e.g., The requested schedule creates an undue hardship on department operations.]
- [Insert reason: e.g., The adjustment would result in the inability to perform essential job functions.]
- [Insert reason: e.g., The request conflicts with collective bargaining agreement seniority rules.]

While we cannot accommodate this specific schedule adjustment, we remain committed to exploring alternative options that may assist you. We would like to discuss the following potential alternatives:

- [Insert alternative 1: e.g., Part-time status]
- [Insert alternative 2: e.g., Temporary leave of absence]
- [Insert alternative 3: e.g., Transfer to an available position with a compatible schedule]

Please contact [Name/Department] by [Date] to discuss these alternatives or to provide additional information that may allow us to reconsider your request.

If you have questions regarding this decision, you may contact the Human Resources Department at [Phone Number] or [Email Address].

Sincerely,

[Signature]

[Name of Sender]

[Title]