

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Request for Medical Accommodation

Dear [Employee Name],

We have completed our review of your request for a reasonable accommodation involving the purchase of [Specific Equipment Name] as submitted on [Date of Request].

After carefully evaluating your request, the supporting medical documentation provided, and the operational requirements of your position, we are unable to grant this specific equipment purchase at this time for the following reason(s):

- [Insert Reason: e.g., The request poses an undue financial or administrative hardship.]
- [Insert Reason: e.g., The equipment does not address the specific functional limitations identified.]
- [Insert Reason: e.g., An effective alternative accommodation exists that meets the medical necessity.]

While we cannot fulfill the request for [Specific Equipment Name], we would like to offer the following alternative solution(s) to assist you in performing your essential job functions:

[Describe Alternative Accommodation or state "No alternative available at this time"]

We remain committed to the interactive process. If you have additional information from your healthcare provider that you believe was not previously considered, or if you wish to discuss the proposed alternatives, please contact [HR Representative Name] at [Phone Number/Email] by [Deadline Date].

Sincerely,

[Sender Name]

[Sender Title]

[Company Name]