

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Re: Decision Regarding Request for Extended Leave of Absence

Dear [Employee Name],

We have received and carefully reviewed your request for an extended medical leave of absence as a reasonable accommodation under the Americans with Disabilities Act (ADA), dated [Date of Request].

After a thorough evaluation of your request and an analysis of our current business operations, we regret to inform you that we are unable to grant your request for additional leave at this time. This decision was based on the following factor(s):

- The requested extension poses an undue hardship on the department's operations.
- The duration of the requested leave is indefinite or uncertain.
- Current staffing levels and workload requirements do not allow for a further vacancy in this position.

We have engaged in an interactive process to determine if alternative accommodations were available that would allow you to perform the essential functions of your position; however, no other reasonable accommodations have been identified that would meet the needs of both you and the company.

As you have exhausted your available leave under [FMLA/State Law/Company Policy] and we are unable to extend your leave further, your employment with [Company Name] will be terminated effective [Date].

You will receive a separate package containing information regarding your final pay, benefits status, and COBRA eligibility. If you have questions regarding this decision, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]