

[Date]

[Employee Name]

[Employee ID]

[Employee Department]

Subject: Response to Request for Pregnancy-Related Accommodation

Dear [Employee Name],

We received your request for workplace accommodations related to your pregnancy, dated [Date of Request]. We have carefully reviewed your request and the supporting documentation provided by your healthcare provider.

While we are unable to grant the specific request for [Original Requested Accommodation] because [Reason, e.g., it would result in undue hardship / it is not feasible due to operational requirements], we are committed to supporting your health and safety while you continue to work.

As an alternative, we would like to offer the following accommodation(s):

- [Description of Alternative 1, e.g., Modified work schedule]
- [Description of Alternative 2, e.g., Access to a seated workstation]
- [Description of Alternative 3, e.g., Temporary transfer to light-duty tasks]

These adjustments are intended to address your needs while allowing the department to maintain its core functions. These accommodations will remain in effect until [Date/End of Pregnancy], at which point we can re-evaluate based on your medical needs.

Please review this proposal and let us know by [Date] if this alternative is acceptable to you. If you have any questions or would like to discuss further options, please contact [HR Name/Department] at [Phone Number/Email].

Sincerely,

[Your Signature]

[Your Name]

[Your Title]

[Company Name]