

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Approval of Pregnancy-Related Accommodations

Dear [Employee Name],

This letter is to formally confirm that [Company Name] has approved your request for workplace accommodations related to your pregnancy, effective [Start Date].

Based on our discussion and the medical documentation provided, the following accommodations have been granted:

- [Description of Accommodation 1, e.g., Modified work schedule]
- [Description of Accommodation 2, e.g., Frequent rest breaks]
- [Description of Accommodation 3, e.g., Lifting restrictions of X pounds]
- [Description of Accommodation 4, e.g., Provision of ergonomic seating]

These accommodations are currently approved through [End Date or "until further notice"]. We will remain in contact with you to ensure these adjustments effectively support your health and your ability to perform your essential job functions.

Please notify Human Resources or your direct supervisor immediately if your medical needs change or if you require further adjustments to your work environment.

We wish you a healthy and safe pregnancy.

Sincerely,

[Signature]

[Name of HR Representative]

[Title]

[Company Name]

cc: [Supervisor Name]