

[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

**Subject: Initiation of Interactive Process Regarding Reasonable Accommodation**

Dear [Employee Name],

We are writing to initiate the formal interactive process to discuss your current work restrictions and explore potential reasonable accommodations that may allow you to perform the essential functions of your position as [Job Title].

The purpose of this process is to engage in an open dialogue to understand your limitations and determine if there are effective adjustments we can make to your work environment or duties. This process is consistent with our commitment to the Americans with Disabilities Act (ADA) and applicable state laws.

To assist us in this evaluation, please find the enclosed [Medical Certification/Functional Capacity] form. We ask that you have your healthcare provider complete this documentation to clarify your functional limitations. Please return the completed form to Human Resources by [Date].

Once we receive the necessary information, we will schedule a meeting to discuss:

- The essential functions of your role.
- Your specific work-related limitations.
- Potential accommodations and their effectiveness.

If you have any questions regarding this process or the enclosed forms, please contact me directly at [Phone Number] or [Email Address].

Sincerely,

[Your Name]  
[Your Title]  
[Company Name]

Enclosure: [List Enclosed Documents]