

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Approval of Reasonable Accommodation Request

Dear [Employee Name],

This letter is to formally notify you that your request for a reasonable accommodation has been approved. This decision follows our interactive process and the review of the documentation provided regarding your functional limitations.

Effective [Start Date], the following accommodation(s) will be implemented:

- [Description of specific accommodation 1]
- [Description of specific accommodation 2]

This accommodation is intended to assist you in performing the essential functions of your position. Please note the following details regarding this approval:

Duration: This accommodation is approved [permanently / on a temporary basis until Date].

Review Period: We will check in with you on [Date/Frequency] to evaluate the effectiveness of the accommodation and determine if any adjustments are necessary.

It is your responsibility to notify [Manager Name or HR Contact] if your medical condition changes, if the accommodation is no longer effective, or if you no longer require this assistance.

All medical information remains confidential and will be kept in a file separate from your personnel records, accessible only to those with a legitimate need to know.

If you have any questions regarding this letter, please contact [HR Name/Department] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]