

**Date:** [Date]

**To:** [Employee Name]

**From:** [Manager/HR Name]

**Subject:** Implementation of Temporary Workplace Accommodations

Dear [Employee Name],

This letter confirms that [Company Name] has approved your request for temporary workplace accommodations related to a medical necessity. These accommodations are designed to assist you in performing your essential job functions while you are under medical restrictions.

Based on our discussion and the medical documentation provided, the following temporary accommodations will be implemented effective [Start Date]:

- [Accommodation Detail 1, e.g., Modified work schedule]
- [Accommodation Detail 2, e.g., Ergonomic equipment provided]
- [Accommodation Detail 3, e.g., Limitation on lifting over 10 lbs]
- [Accommodation Detail 4, e.g., Frequent rest breaks]

These accommodations are temporary and are currently scheduled to remain in effect until [End Date/Review Date]. We will meet on or before [Review Date] to discuss your status and determine if these accommodations need to be extended, modified, or if they are no longer necessary.

Please note that you are still expected to adhere to all company policies and performance standards. If you find that these accommodations are not effective or if your medical needs change, please notify [Contact Name/HR] immediately.

We look forward to your continued contributions to the team.

Sincerely,

[Signature]

[Name and Title]