

Date: [Insert Date]

To: [Employee Name]

From: [HR Representative Name/Department Name]

Subject: Initiation of Interactive Process Regarding Accommodation Request

Dear [Employee Name],

We are writing to acknowledge your recent communication regarding the impact of your visual impairment on your current work duties. [Company Name] is committed to providing equal employment opportunities and supporting employees who may require reasonable accommodations to perform the essential functions of their roles.

We are now initiating the "interactive process." This is a collaborative dialogue intended to identify the specific workplace barriers you are facing and to explore potential effective accommodations. Our goal is to find a solution that allows you to perform your job effectively while maintaining the operational requirements of the department.

To assist us in this process, we have attached a **Medical Certification Form**. Please have your healthcare provider complete this document to clarify your functional limitations and provide suggestions for potential accommodations (such as assistive technology, screen readers, modified lighting, or adjusted materials).

Once we receive the completed documentation, we will schedule a meeting to discuss:

- The essential functions of your position.
- Specific tasks that are currently difficult to perform.
- Potential accommodation options and their effectiveness.

Please return the completed medical documentation by [Insert Date]. All information shared during this process will be kept confidential and stored separately from your general personnel file.

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

Sincerely,

[Signature]

[Name]

[Title]

[Company Name]