

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Offer of Alternative Software Accommodation

Dear [Employee Name],

Following our recent discussion on [Date] regarding your request for workplace accommodations due to visual impairment, we are pleased to offer an alternative software solution to assist you in performing your essential job functions.

Based on the functional limitations discussed and the technical review of our current systems, [Company Name] will provide you with the following software:

**Software Name:** [Insert Software Name, e.g., JAWS, NVDA, ZoomText]

**Version:** [Insert Version Number]

**Purpose:** [Insert Purpose, e.g., Screen reading, Screen magnification]

The company will cover all costs associated with the licensing and installation of this software on your workstation. Additionally, we will provide [Number] hours of professional training with a specialist to ensure you are comfortable using these tools within our internal network.

Installation is scheduled for [Date] at [Time]. Please let your supervisor know if this time conflicts with your current workload.

We believe this accommodation will effectively support your needs. We will schedule a follow-up meeting in thirty days to evaluate the effectiveness of the software and determine if any further adjustments are required.

Please sign below to indicate your acceptance of this accommodation plan and return this letter to the Human Resources department by [Date].

Sincerely,

[Your Name]

[Your Title]

[Company Name]

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**Acknowledgment and Acceptance:**

I, [Employee Name], accept the alternative software accommodation as described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_