

Date: [Insert Date]

To: [Employee Name]

Position: [Employee Job Title]

From: [Manager/HR Name]

Subject: Confirmation of Workplace Accommodations

Dear [Employee Name],

This letter serves as formal confirmation that the workplace accommodations discussed during our meeting on [Date] have been approved and implemented to support your role at [Company Name].

The following accommodations are now in place:

- **Assistive Technology:** [e.g., Screen reading software (JAWS/NVDA), Braille display, or Magnification software] has been installed and configured on your workstation.
- **Hardware:** [e.g., Large-format monitor, high-contrast keyboard, or scanner for OCR].
- **Physical Environment:** [e.g., Optimized lighting, cleared walkways, or specific desk placement].
- **Document Accessibility:** All internal training materials and company-wide memos will be provided in [e.g., Digital/Accessible PDF or Braille] format.
- **Additional Support:** [e.g., Orientation/mobility training for the office layout or assigned peer sighted-guide].

We are committed to ensuring these tools effectively support your productivity and integration. We will schedule a follow-up meeting in [Number] days to evaluate the effectiveness of these adjustments and determine if any further fine-tuning is required.

If you encounter any technical issues or if your needs change, please contact [Name of Contact Person] in [Department] immediately.

Sincerely,

[Signature]

[Sender Name]

[Sender Title]