

Date: [Insert Date]

To: [Employee Name]

Position: [Job Title]

Department: [Department Name]

Subject: Temporary Software Accommodation Agreement

This letter serves to formalize the temporary software accommodations provided by [Company Name] to support your visual impairment needs. These measures are intended to ensure you can perform your essential job functions effectively while a permanent solution is evaluated.

1. Temporary Software Provision

The following software tools have been approved for your use on a temporary basis:

- [Name of Software, e.g., Screen Reader/Magnifier]: [Version/License Type]
- [Name of Software, e.g., High-Contrast Plugin]: [Version/License Type]

2. Terms of Use

- The software is provided for business purposes only and must be installed on company-issued hardware.
- You agree to comply with all IT security protocols regarding the use of this software.
- Technical support for this software will be provided by [Internal IT Department/External Vendor].

3. Duration and Evaluation

This accommodation is effective starting [Start Date] and is scheduled to be reviewed on [Review Date]. At that time, we will meet to discuss the effectiveness of the software and determine if a permanent implementation or an alternative solution is required.

4. Confidentiality

All information related to this accommodation will be kept confidential in accordance with company policy and legal requirements.

Please sign below to acknowledge that you have received and understood the terms of this temporary accommodation.

[Employer Representative Name]
[Title]

[Employee Signature]
Date: _____