

[Date]

[Employee Name]  
[Employee Address]  
[City, State, Zip Code]

**Subject: Notification to Initiate Interactive Process**

Dear [Employee Name],

We are writing to you because we have become aware of a potential need for a workplace accommodation regarding your current position as [Job Title]. [Company Name] is committed to providing equal employment opportunities and wishes to engage in a formal "interactive process" to determine how we can support your ability to perform the essential functions of your job.

The goal of this process is to have an open dialogue to identify any limitations you may have and to explore potential reasonable accommodations. To assist us in this process, we have enclosed a Medical Certification Form for your healthcare provider to complete. This form focuses on your functional limitations and does not require a specific diagnosis.

Please follow these steps:

- Review your current Job Description (enclosed).
- Have your healthcare provider complete the enclosed Medical Certification Form.
- Return the completed form to [Name/Department] by [Date].

Once we receive this information, we will schedule a meeting to discuss possible accommodation options. All medical information provided will be kept confidential and stored separately from your personnel file.

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

Sincerely,

[Your Name]  
[Your Title]  
[Company Name]

Enclosures: [Job Description, Medical Certification Form]