

[Company Name]
[HR Department Address]
[City, State, Zip Code]

[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Approval of Request for Testing Accommodation

Dear [Employee Name],

We have reviewed your request for testing accommodations regarding the upcoming [Name of Test/Assessment] scheduled for [Date].

This letter confirms that your request has been approved. Based on the documentation provided and our discussion, the following accommodations will be granted:

- [Specific Accommodation 1, e.g., Extended time (1.5x)]
- [Specific Accommodation 2, e.g., Private testing room]
- [Specific Accommodation 3, e.g., Use of assistive technology]

The Human Resources department has coordinated with the [Training/Proctoring Team] to ensure these measures are in place. Please report to [Location/Room Number] at [Time] on the day of the assessment.

If you have any questions or if these accommodations do not meet your needs as discussed, please contact the HR office at [Phone Number] or [Email Address] by [Deadline Date].

Sincerely,

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