

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Subject: Determination Regarding Request for Reasonable Accommodation

Dear [Employee Name],

This letter is to formally follow up on your request for a reasonable accommodation dated [Date of Request] and our subsequent interactive process meeting held on [Date of Meeting]. We have carefully reviewed your request for [Briefly Describe Requested Accommodation, e.g., removal of physical lifting requirements].

After a thorough evaluation of your current position and the essential functions of the [Job Title] role, we regret to inform you that we are unable to grant your request at this time. Our determination is based on the fact that the requested accommodation would result in a **fundamental alteration** of the position, which constitutes an **undue hardship** for the organization.

Our analysis concluded that:

- The duty of [Describe Essential Function] is a core requirement of your position.
- Eliminating or significantly modifying this duty would change the nature of the job to the extent that the position would no longer serve its intended purpose.
- [Optional: Insert specific impact on operations, such as redistribution of workload to others or safety concerns].

We have also explored alternative accommodations, including [List Alternatives Discussed], but have determined that no other effective accommodations are available that would allow you to perform the essential functions of your current role without causing undue hardship.

We value your contributions to [Company Name]. We would like to continue our discussion to determine if there are vacant positions within the company for which you are qualified and that could accommodate your needs. Please contact [HR Contact Name] at [Phone/Email] by [Date] if you wish to explore reassignment options.

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]