

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Request for Reasonable Accommodation

Dear [Employee Name],

We have completed our review of your request for a reasonable accommodation dated [Date of Request]. As part of this process, we engaged in an interactive discussion and carefully evaluated the documentation provided regarding your functional limitations and the requirements of your position.

After a thorough assessment, we are unable to grant your requested accommodation of [Description of Requested Accommodation] at this time. This decision is based on the determination that the requested accommodation would result in an undue hardship for the company due to significant workplace safety risks.

Specifically, the implementation of this accommodation would create the following safety concerns:

- [Insert specific safety risk, e.g., compromised emergency response times]
- [Insert specific safety risk, e.g., inability to operate heavy machinery safely]
- [Insert specific safety risk, e.g., violation of OSHA or industry-specific safety standards]

We have also explored alternative accommodations, such as [List alternatives considered], but found that these options either did not address the functional limitations or also resulted in an undue hardship regarding safety and operational integrity.

Please note that this decision is specific to the current request and the safety requirements of your current role. Should your circumstances or the nature of your job duties change, you are encouraged to submit a new request for evaluation.

If you have questions regarding this decision or wish to discuss other potential internal opportunities that may better align with your current restrictions, please contact [Human Resources Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Name of Management/HR Representative]

[Title]