

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Request for Reasonable Accommodation

Dear [Employee Name],

On [Date], you submitted a request for a reasonable accommodation regarding [briefly describe the requested accommodation, e.g., a modified work schedule or specific equipment].

Following a thorough review of your request and an interactive process, we regret to inform you that your request is being denied at this time. This decision was reached because the requested accommodation would result in an undue hardship due to severe operational disruption.

Specifically, the accommodation would significantly impact our operations in the following ways:

- [Insert specific reason, e.g., Inability to maintain required staffing levels for safety.]
- [Insert specific reason, e.g., Significant delay in production timelines or service delivery.]
- [Insert specific reason, e.g., Disruption of essential team-based functions that cannot be reassigned.]

We have explored alternative accommodations, including [mention any alternatives discussed], but have determined that these options either do not meet your medical needs or also result in undue hardship for the organization.

Please note that this decision is based on current operational requirements. Should your circumstances or our operational capacity change in the future, you are encouraged to submit a new request.

If you have questions regarding this decision or would like to discuss other potential resources, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Your Name]

[Your Title]

[Company Name]