

[Date]

[Employee Name]

[Employee Address]

[City, State, Zip Code]

Dear [Employee Name],

This letter is regarding your recent request for a leave of absence as an accommodation for a medical condition. We have carefully reviewed your request for an indefinite leave of absence and have engaged in an interactive process to determine if this accommodation can be granted.

After thorough consideration of the operational needs of [Company Name], we regret to inform you that we are unable to grant your request for an indefinite leave of absence at this time. This decision is based on the fact that an indefinite period of absence creates an undue hardship for the company.

Specifically, the uncertainty of your return date prevents the department from effectively:

- Managing long-term workload distribution;
- Ensuring consistent coverage for essential business functions;
- Planning for necessary staffing levels and project deadlines.

We remain open to discussing alternative accommodations that may allow you to perform the essential functions of your position, or a leave of absence with a fixed, certain return date that would not pose an undue hardship.

Please contact [Name of Contact/HR Department] at [Phone Number/Email] by [Date] to discuss any alternative suggestions you may have or to clarify your expected return-to-work status.

Sincerely,

[Signature]

[Printed Name]

[Title]

[Company Name]