

[Company Name]
[Address]
[City, State, Zip Code]
[Date]

[Employee Name]
[Employee ID]
[Employee Address]

Subject: Notification of Decision Regarding Request for Permanent Light Duty

Dear [Employee Name],

We are writing to follow up on your request for a permanent light duty accommodation and our subsequent interactive process meetings held on [Date].

We have carefully reviewed your medical documentation and evaluated the requirements of your position as [Job Title]. We understand that your current medical restrictions prevent you from performing the following essential functions of your role: [List Essential Functions].

After a thorough assessment of our operational needs, we regret to inform you that we are unable to grant your request for permanent light duty. We have determined that your request poses an undue hardship on the company for the following reasons:

- [Reason 1: e.g., Inability to complete essential job functions]
- [Reason 2: e.g., Significant impact on departmental operations and staffing]
- [Reason 3: e.g., Financial or structural burden of creating a new permanent position]

We have also explored alternative vacant positions for which you may be qualified; however, at this time, no suitable positions are available that meet your medical restrictions.

As we are unable to accommodate your request, the following next steps will occur: [Describe next steps, such as leave of absence, termination of employment, or disability benefits information].

If you have any questions regarding this decision or wish to provide additional information for us to consider, please contact [HR Representative Name] at [Phone Number/Email] by [Date].

Sincerely,

[Signature]
[Name of Sender]
[Title]