

[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Subject: Determination Regarding Request for Reasonable Accommodation

Dear [Employee Name],

This letter is in response to your request for a reasonable accommodation dated [Date of Request]. You requested the purchase of [Name of Equipment] to assist with your job duties as a [Job Title].

Following a review of your request and an evaluation of our current budgetary constraints and operational requirements, we regret to inform you that your request for this specific equipment is denied. We have determined that providing this equipment would impose an undue hardship on the organization due to its unreasonable expense.

Under the Americans with Disabilities Act (ADA), an employer is not required to provide an accommodation that results in significant difficulty or expense when considered in light of the company's financial resources and the nature of its operations.

Although we cannot provide the specific equipment requested, we remain committed to engaging in the interactive process. We would like to discuss potential alternative accommodations that are effective but do not impose an undue hardship. These may include:

- [Alternative Option 1]
- [Alternative Option 2]
- [Alternative Option 3]

Please contact [Name/Department] by [Date] to schedule a meeting to discuss these alternatives or any other suggestions you may have.

Sincerely,

[Signature]
[Name of Sender]
[Title]
[Company Name]