

[Date]

[Employee Name]

[Employee ID]

[Department]

**Subject: Notification of Decision Regarding Shift Modification Request**

Dear [Employee Name],

We have carefully reviewed your request for a shift modification as a reasonable accommodation, submitted on [Date]. As part of this process, we engaged in an interactive discussion to explore your needs and the operational requirements of your role.

After a thorough evaluation, we regret to inform you that we are unable to grant your request for [Description of Requested Shift Change] at this time. We have determined that implementing this specific modification would result in an undue hardship for the organization.

The decision is based on the following factors:

- [Insert reason: e.g., Negative impact on department staffing levels]
- [Insert reason: e.g., Inability to ensure essential job functions are completed during the requested hours]
- [Insert reason: e.g., Significant increase in operational costs or burden on other team members]

Although we cannot provide the specific shift modification you requested, we remain committed to supporting you. We would like to continue our discussion to determine if there are alternative accommodations that may assist you without causing undue hardship to operations.

Please contact [Name of HR Representative] at [Phone Number/Email] by [Date] to schedule a follow-up meeting.

Sincerely,

[Your Name]

[Your Title]

[Company Name]