

Date: [Date]

To: [Employee Name]

From: [Name/Human Resources Department]

Subject: Determination Regarding Request for Reasonable Accommodation

Dear [Employee Name],

We have completed our review of your request for the following workplace accommodation:
[Description of requested accommodation].

To evaluate your request, we engaged in an interactive process to determine if the accommodation would allow you to perform the essential functions of your position without causing an undue hardship on company operations.

After careful consideration, we are unable to grant your specific request at this time. It has been determined that this accommodation would result in an undue hardship. Specifically, the requested adjustment would create a significant burden on your coworkers by:

- [Example: Requiring other employees to take on an excessive volume of your essential job functions.]
- [Example: Significantly disrupting the established workflow and productivity of the team.]
- [Example: Creating a safety risk or staffing shortage that negatively impacts the department's ability to function.]

The law does not require an employer to provide an accommodation that involves reallocating essential job functions to other employees or significantly impacting the workload and morale of the workforce in a way that disrupts business operations.

While we cannot grant this specific request, we remain committed to the interactive process. We would like to continue discussing alternative accommodations that may meet your needs without creating an undue hardship. Please contact [Name] by [Date] to schedule a follow-up meeting.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]