

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Request for Reasonable Accommodation

Dear [Employee Name],

We have completed the formal review of your request for [describe requested accommodation, e.g., modified schedule, remote work, or reduced hours], which was received on [Date].

After engaging in the interactive process and carefully evaluating the operational needs of the [Department Name], we regret to inform you that your request is denied at this time.

The decision is based on the fact that granting this accommodation would result in an **undue hardship** to the department. Specifically, the department is currently experiencing a critical staffing shortage. Providing the requested accommodation would:

- Significantly impair the department's ability to maintain minimum operational coverage.
- Result in an unsustainable increase in workload for the remaining staff.
- Compromise the department's ability to meet essential service deadlines and safety standards.

We explored alternative accommodations; however, due to the current vacancy rates and the essential nature of your on-site/full-time duties, no effective alternatives were identified that would not result in similar hardship.

Please note that this decision is based on current staffing levels. You are welcome to submit a new request should the department's staffing situation change or if you wish to propose a different adjustment that does not impact operational coverage.

If you have questions regarding this determination or wish to discuss the appeal process, please contact the Human Resources Department at [Phone Number/Email].

Sincerely,

[Name]

[Title]

[Company/Organization Name]