

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Remote Work Accommodation Request

Dear [Employee Name],

We have completed our review of your formal request for remote work as a reasonable accommodation under the [Title of Disability Act/Company Policy], submitted on [Date]. As part of this process, we engaged in an interactive dialogue to evaluate the requirements of your position and the impact of your request on business operations.

After careful consideration, we are unable to grant your request for full-time remote work at this time. We have determined that this arrangement would result in an undue hardship for the company due to the following reasons:

- [Insert specific reason: e.g., Essential job functions require physical presence for equipment operation.]
- [Insert specific reason: e.g., Significant negative impact on team coordination and immediate service delivery.]
- [Insert specific reason: e.g., Security/Confidentiality requirements that cannot be met in a home environment.]

Because the requested accommodation is unfeasible, we would like to continue the interactive process to explore alternative accommodations that may assist you in performing your essential job functions while remaining on-site. These may include:

- [Insert alternative: e.g., Modified workstation or specialized equipment.]
- [Insert alternative: e.g., Adjusted schedule or frequent breaks.]
- [Insert alternative: e.g., Relocation to a quieter workspace within the office.]

Please contact [Name/Department] by [Date] to discuss these alternatives or to provide additional suggestions. We remain committed to supporting your ability to perform your role effectively.

Sincerely,

[Signature]

[Name of HR Representative/Manager]

[Title]

[Company Name]