[Date]

[Employee Name]
[Employee ID]
[Department]

Subject: Determination Regarding Request for Workplace Accommodation

Dear [Employee Name],

We have received and reviewed your request for a workplace accommodation, along with the supporting medical documentation provided by your healthcare provider. Your request specifically asked for the use of a standing desk to perform your duties as a Medical Records Clerk.

We are pleased to inform you that your request for a standing desk accommodation has been **approved**. The company will provide a [sit-stand converter / height-adjustable desk] to assist you in performing the essential functions of your role while following your medical provider's recommendations.

The equipment is scheduled to be [delivered/installed] by [Date]. Please coordinate with [Name/Department] to ensure your workspace is prepared for the setup.

Please note the following regarding this accommodation:

- This accommodation is specific to your current role and workstation.
- You are expected to continue meeting all performance standards and productivity requirements for the Medical Records Clerk position.
- If your medical needs change or if the equipment does not adequately address your limitations, please contact Human Resources immediately to revisit the interactive process.

We will check in with you on [Date] to ensure the equipment is functioning correctly and meeting your needs. If you have any questions in the meantime, please contact [HR Contact Name] at [Phone Number/Email].

Sincerely,

[Name]
[Title]
[Company Name]