[Date]

[Employee Name]
[Employee Address]
[City, State, Zip Code]

Re: Inquiry Regarding Reasonable Accommodation and Fitness for Duty

Dear [Employee Name],

This letter is in reference to your recent [absence/report of medical limitations/observed workplace difficulties] which occurred on [Date]. Our goal is to ensure a safe working environment and to support your ability to perform your job duties effectively.

Based on the information available, [Company Name] is initiating an inquiry to determine:

- Your fitness to perform the essential functions of your position, with or without reasonable accommodation.
- Whether any workplace accommodations are necessary to assist you in performing your duties safely and effectively.

To assist us in this process, we have attached a copy of your current Job Description and a Medical Provider Statement form. Please have your healthcare provider review the job description and complete the form, specifically addressing any functional limitations or restrictions related to your position.

Please return the completed documentation to [Name/Department] by [Date].

The information provided will be kept confidential in accordance with the Americans with Disabilities Act (ADA) and will only be shared with those involved in the accommodation process. We will review the information provided to engage in an interactive process with you to determine the next steps.

If you have any questions regarding this request or the interactive process, please contact [Name] at [Phone Number/Email].

Sincerely,

[Signature]
[Name]
[Title]

Enclosures: Job Description, Medical Provider Statement Form