

[Date]

[Employee Name]

[Job Title]

[Department]

Dear [Employee Name],

Thank you for your interest in the company's telecommuting program and for submitting your request on [Date].

After carefully reviewing your current job responsibilities and the operational needs of the department, we have determined that your position is currently ineligible for telecommuting. This decision was based on the following factor(s):

- [Reason 1: e.g., Requirement for physical presence to handle equipment]
- [Reason 2: e.g., Necessity for face-to-face client interaction]
- [Reason 3: e.g., Direct supervision of onsite staff]

Please note that this determination is based on the requirements of your specific role and does not reflect your individual performance. Should your job duties or the department's operational requirements change in the future, you may request a re-evaluation of your eligibility.

If you have any questions regarding this decision, please feel free to contact [Name of Manager/HR Representative] to discuss this further.

Sincerely,

[Your Name]

[Your Title]

[Company Name]