

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination Regarding Remote Work Request

Dear [Employee Name],

Thank you for submitting your formal request to transition to a remote work arrangement. We have carefully reviewed your application in accordance with [Company Name]'s current Remote Work Policy and operational requirements.

At this time, we are unable to approve your request for the following reason(s):

- **Ineligibility of Position:** Under our current policy, your specific role is classified as an "On-Site Essential" position that requires physical presence to perform [mention specific tasks, e.g., hardware maintenance, client reception, or specialized equipment usage].
- **Departmental Requirements:** The [Department Name] team currently requires a specific ratio of in-office personnel to maintain operational efficiency and collaborative standards.
- **Policy Constraints:** Your request does not align with the eligibility criteria outlined in Section [Number] of the Employee Handbook regarding [mention specific criteria, e.g., tenure, performance benchmarks, or geographic location].

We understand that this may not be the outcome you were hoping for. Please note that this decision is based on current organizational policy and role requirements, and is not a reflection of your individual performance or value to the team.

We encourage you to discuss this further with your manager if you would like to explore other flexible options that remain within policy, such as [mention alternatives like flexible start times or staggered shifts].

Thank you for your ongoing contributions to [Company Name].

Sincerely,

[Sender Name]

[Title]

[Company Name]