

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Determination of Remote Work Eligibility

Dear [Employee Name],

Thank you for your interest in the remote work program. Following a review of your current role, [Position Title], we are writing to inform you that this position has been classified as ineligible for remote work at this time.

This determination is based on the core requirements of the role, which include:

- [Requirement 1: e.g., On-site hardware or equipment dependency]
- [Requirement 2: e.g., Essential in-person collaboration or client interaction]
- [Requirement 3: e.g., Physical handling of secure documents or materials]

Because these essential functions must be performed on-site, the position requires a consistent physical presence at [Office Location/Company Name] facilities.

Please note that this classification is based on the requirements of the position itself and is not a reflection of your individual performance. Should your role change or should the operational needs of the department evolve, this eligibility may be reassessed.

If you have any questions regarding this decision, please contact [Name/Department] at [Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Company Name]