

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Approval of Medical Hardship Remote Work Transfer

Dear [Employee Name],

We are writing to formally notify you that your request for a medical hardship transfer to a fully remote work arrangement has been reviewed and approved.

Based on the medical documentation provided and the assessment of your current role, the company has determined that your duties can be performed effectively from a remote location. This transfer is granted as a formal accommodation to support your health and well-being.

Terms of Transfer:

- **Effective Date:** [Start Date]
- **Work Location:** [Employee Home Address/Remote]
- **Position & Salary:** Your current job title, responsibilities, and compensation remain unchanged.
- **Equipment:** The company will provide [List Equipment, e.g., laptop, monitor]. You are responsible for maintaining a secure and high-speed internet connection.

Expectations:

While working remotely, you are expected to maintain the same performance standards and core working hours as outlined in your previous arrangement. You must remain available for team meetings and collaboration via [Platform Name, e.g., Slack/Teams/Zoom].

Review Period:

This accommodation will be reviewed on [Date] or if there is a significant change in your medical status or job requirements. Please notify Human Resources if your circumstances change.

Please sign and return a copy of this letter to acknowledge your agreement to these terms.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

Employee Acknowledgment:

I accept the terms of this remote work transfer.

Signature: _____ Date: _____