[Date]

[Employee’s Name]

[Employee’s Address]

Dear [Name]:

This letter is in response to your request for an ADA accommodation to perform the essential functions of your position. The health care provider's note that you provided to us on [date] stated that you have the following restrictions: [list restrictions]. We met with you to discuss possible accommodations needed because of these limitations on [date].

The essential functions of a [employee's job title] require the employee to [list relevant essential job functions]. After a careful review of your request, we have determined that we are unable to provide you with a reasonable accommodation at this time because of [reason].

Since we are unable to reasonably accommodate you in your current job, we will attempt to accommodate you by transferring you to a vacant position within [Company Name] for which you are qualified. If you would like to discuss alternative accommodations, please contact me at [phone number].

Your records related to this accommodation request will be maintained in accordance with applicable confidentiality requirements. Please contact me at [phone number] if you have questions.

Sincerely,

[Supervisor's Name]

[Supervisor's Job Title]

[Supervisor's Department]