**ADA Accommodation Approval Letter**

[Date]

[Employee name]

[Employee address]

Dear [Name]:

This letter is in response to your request for an 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 work restriction(s): [list restrictions]. We met with you to discuss possible accommodations needed because of these restrictions on [date].

We have approved the following accommodation(s): [list accommodations]. These accommodations are considered the most effective given your essential job functions and our operational necessities. These accommodations will be implemented and effective on [date].

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

Sincerely,

[Supervisor’s name]

[Supervisor’s job title]

[Supervisor’s department]