**ADA: Communication to Employee in Response to Request for Accommodation – SHRM**

**TO ONLY BE USED UNDER THE GUIDANCE/DIRECTION OF AN ATTORNEY**

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[Date]

Dear [Employee Name]:

On [Date], you informed [Name and Title] of your medical condition and requested a job accommodation to be able to perform your job functions. [Company Name] complies with the Americans with Disabilities Act (ADA), and we want to support you in continuing to perform your job duties. As part of the process to assist you with your request, we will need the following two items from you:

1. *Your signature on the enclosed medical release form.* This will allow us to discuss your medical condition with your health care provider, if necessary.

2. *A completed certification from your health care provider.* Please take your job description and the medical certification form (enclosed) to your health care provider and review how your medical condition may affect your job functions. Ask your medical provider to indicate in writing what major life activities are limited and to offer suggestions, if any, for the type of accommodation(s) that would assist you with being able to perform your job functions.

Please be assured your medical information will remain confidential. After we have received this information, we will review your accommodation request and respond to you. If you have any questions, please do not hesitate to contact me.

Sincerely,

[Name]