

(Date)

(Name)

(Address)

(Address)

Via **(Hand Delivery, certified mail, first class mail)**

Re: Request for **(whatever accommodation was requested)**

Dear **(Name)**,

We have received your request for an accommodation under the Americans with Disabilities Act of 1990 (ADA). Based upon the information received **(from your medical provider)** it appears you qualify as an individual with a disability under the Americans with Disabilities Act. Qualification under the ADA requires an employer to implement effective accommodations to allow the employee to perform the essential functions of the job. However, there is insufficient information to conclude that your symptoms currently present substantial limitations in a major life activity or bodily function. As discussed, further detailed information is necessary regarding your current functional limitations **(the severity, duration, distance, frequency, specific difficulties and risks)**. Accordingly, at this time we are unable to provide (specific requested accommodation) under the ADA.

In an effort to continue the interactive process, the following information is necessary from your healthcare provider if you wish to pursue this accommodation at this time.

- 1.
- 2.
- 3.

Please ensure your healthcare provider answers each **question (above or on the attached form)** and return it to me as soon as possible.

If your condition changes or you need alternative accommodations in the future, please notify _____ at _____. We are happy to consider any additional information you wish to provide.

Please do not hesitate to contact me if you have any questions or concerns.

Sincerely,

(Name)

(Title)

(Agency)
(Address 1)
(Address 2)
(Phone)
(Fax)
(E-mail)

cc : Medical File
Supervisor

(For Use if there is insufficient information regarding EPISODIC limitations)