[Insert Letterhead]

[Insert Date]

[Insert Employee Name]

[Insert Employee Address]

**SUBJECT:** Status of Requested Workplace Accommodations

Dear [Insert Employee Name]:

This letter serves to follow up on the statement that was received from your health care provider dated [Insert Date]. Your health care provider’s statement was reviewed by [Insert Name of Department or Division’s HR Contact] (Note: The health care provider’s statement should NOT be reviewed by someone in the employee’s supervisory chain of command. In cases where this letter would come from someone in the employee’s supervisory chain of command, please have the employee send their health care provider’s statement directly to the Employee Relations Office for approval at uscer@mailbox.sc.edu instead) within the [Insert Name of Department or Division], as we provide assistance with the approval of workplace accommodations under the Americans with Disabilities Act (ADA), as amended. The work accommodation listed below is the request to help you perform the essential functions of your position as [Insert a/an] [Insert Position Title] in the [Insert Name of Department or Division]:

* ***[Insert Summary of Employee’s Request for Accommodations.***

The request as outlined above has been approved by the [Insert Name of Department or Division] for the [Insert Length of Time for the Approval] (Note: Length of time should not exceed one year unless we know that the need for the accommodation is long term or permanent. In those cases, please specify the length of the long term or permanent approval, or the date upon which the approval will need to be revisited. If the temporary approval of an accommodation was previously pending receipt of supporting documentation from a health care provider, please add: “Given that we have received appropriate documentation from your health care provider, this letter supersedes any temporary approval for a workplace accommodation that was previously granted to you.”)

This approval is subject to review as necessary, as it is contingent upon your ability to continue to perform the essential functions of your position, with or without reasonable accommodations. The accommodations provided to you should never require the removal of essential job functions or create undue hardship for your department. Should any concerns arise with our ability to continue to provide accommodations to you, you will be notified immediately. Furthermore, if you experience any changes in your health status that require us to revisit this matter, please let me know as soon as possible.

Please feel free to contact me at [Insert Phone Number] if you have any questions, or if I can be of any further assistance to you.

Sincerely yours,

[Insert Appropriate HR Contact’s Name]

[Insert Appropriate HR Contact’s Title]

c: [Insert Name and Title of Appropriate Supervisor or Dean/Department Chair]

 USC Employee Relations Department

USC Division of Human Resources File