



CATHOLIC  
DIOCESE *of* RALEIGH

ADA Accommodation Approval Letter

Date:

Employee Name:

Address:

Dear:

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 \_\_\_\_\_ stated that you have the following work restriction(s): \_\_\_\_\_. We met/spoke with you to discuss possible accommodations needed because of these restrictions on \_\_\_\_\_.

We have approved the following accommodation(s):

\_\_\_\_\_. These accommodations are considered the most effective given your essential job functions and our operational necessities. These accommodations will be implemented and effective on \_\_\_\_\_.

Your records will be maintained in accordance with applicable confidentiality requirements.

Please contact me if you have any questions.

Sincerely,

Supervisor Signature

Supervisor Name

Supervisor Title