

[Your Name]  
[Your Employee ID]  
[Your Job Title]  
[Date]

To: [Manager Name or HR Department Name]  
[Company Name]

**Subject: Request for Reasonable Medical Accommodation - Shift Transfer**

Dear [Name of Manager or HR Representative],

I am writing to formally request a reasonable accommodation regarding my current work schedule due to a medical condition. I am requesting a transfer from my current shift, [Current Shift Name/Hours], to [Requested Shift Name/Hours].

This request is based on the advice of my healthcare provider to manage my health effectively. Performing my duties during the requested hours will allow me to maintain my health standards while continuing to perform the essential functions of my position.

I have attached a supporting letter from my physician which outlines the medical necessity for this shift change and the expected duration of this accommodation.

I am committed to my role at [Company Name] and would like to discuss how we can implement this change. Please let me know if you require any additional documentation or if you would like to schedule a meeting to discuss this further.

Thank you for your time and consideration.

Sincerely,

[Your Signature]  
[Your Printed Name]  
[Your Phone Number]