

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

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

Subject: Request for Medical Accommodation - Voluntary Reduction in Working Hours

Dear [Name of Supervisor or HR Representative],

I am writing to formally request a reasonable accommodation regarding my current work schedule due to a medical condition. Based on the recommendations of my healthcare provider, I am requesting a voluntary reduction in my weekly working hours.

Currently, I work [Current Number] hours per week. I am requesting to reduce my schedule to [New Number] hours per week, effective [Start Date]. I propose the following weekly schedule: [List requested days and hours].

I understand and accept that this voluntary reduction in hours will result in a proportional adjustment to my base salary and may impact my eligibility for certain company benefits. I am prepared to discuss the specific salary adjustment of [New Salary Amount or Percentage] as per company policy.

Attached is a supporting letter from my medical provider confirming the necessity of this adjustment for my health and well-being. This request is intended to allow me to continue performing the essential functions of my role effectively while managing my medical needs.

I am available to meet at your earliest convenience to discuss this request, the impact on my workflow, and the necessary administrative updates to my employment contract.

Thank you for your time and for supporting my health and professional contribution to [Company Name].

Sincerely,

[Your Signature]
[Your Printed Name]