

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Supervisor's Name or HR Representative Name]
[Company Name]
[Company Address]

Subject: Request for Reasonable Accommodation - Leave of Absence

Dear [Name of Supervisor or HR Representative],

I am writing to formally request a reasonable accommodation under the Americans with Disabilities Act (ADA) and any applicable state laws. I am experiencing a medical condition that requires me to take a leave of absence from work.

I am requesting a period of leave starting on [Start Date] and I expect to return to work on or around [End Date]. During this time, I will be undergoing treatment and recovery that prevents me from performing my essential job functions.

I am willing to provide medical documentation from my healthcare provider to support this request and to help determine the duration of the leave. I am also open to discussing how this accommodation will assist me in eventually returning to my position.

Please let me know what specific forms or additional information you require to process this request. I look forward to hearing from you regarding the next steps in this process.

Sincerely,

[Your Signature]

[Your Printed Name]