

Date: [Date]

To: [Supervisor Name or Human Resources Department]

From: [Your Name]

Subject: Request for Ergonomic Accommodations Regarding Pregnancy

Dear [Name of Contact],

I am writing to formally request reasonable workplace accommodations related to my pregnancy, as provided for under the Pregnant Workers Fairness Act (PWFA) and/or the Americans with Disabilities Act (ADA).

To perform my job duties safely and effectively, I require the following ergonomic equipment to address physical changes and discomfort associated with my pregnancy:

- [Insert item, e.g., Ergonomic office chair with lumbar support]
- [Insert item, e.g., Adjustable height standing desk converter]
- [Insert item, e.g., Footrest]
- [Insert item, e.g., Ergonomic keyboard and mouse]

I am requesting these accommodations to begin on [Start Date] and anticipate needing them until [Expected End Date/Return from Leave Date]. I have attached a supporting note from my healthcare provider detailing the medical necessity of these items.

I am happy to discuss these needs with you to find the most effective solution for my workspace. Please let me know what next steps are required to process this request.

Thank you for your support and cooperation.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Job Title]