

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

[Date]

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

Re: Request for Reasonable Accommodation - Leave of Absence

Dear [Name of Supervisor or HR Representative],

I am writing to formally request a leave of absence as 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 time away from work. I am requesting this leave beginning on [Start Date] and I expect to return to work on or about [Expected Return Date].

Attached, please find documentation from my healthcare provider confirming my need for this leave and the anticipated duration. This leave will allow me to [briefly state purpose, e.g., receive treatment / manage my health] so that I can return to my position and perform my essential job functions effectively.

I am committed to my role at [Company Name] and will keep you informed of any changes regarding my return date. Please let me know if you require any additional information or forms to process this request.

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]