

[Date]

[Manager Name]

[Company Name]

[Department]

Subject: Request for Temporary Workspace Adjustments - [Your Name]

Dear [Manager Name],

I am writing to formally request temporary adjustments to my workspace and work arrangements due to a short-term mobility injury. Based on medical advice, I expect these adjustments to be necessary until approximately [Expected Recovery Date].

To ensure I can continue to perform my duties effectively while recovering, I am requesting the following accommodations:

- [Adjustment 1: e.g., Remote work/Telecommuting options to avoid stairs/commuting]
- [Adjustment 2: e.g., Provision of an ergonomic chair or footrest]
- [Adjustment 3: e.g., Temporary relocation of my desk to the ground floor or near an elevator]
- [Adjustment 4: e.g., Permission to attend meetings via video conference rather than in person]

I have attached [Medical Documentation/a Doctor's Note] outlining my physical limitations and the recommended timeframe for these changes.

I am committed to maintaining my current workload and productivity levels during this period. I would appreciate the opportunity to discuss these requests with you and Human Resources at your earliest convenience to determine the best way forward.

Thank you for your support and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]

[Employee ID Number]