

[Your Name]
[Your Job Title]
[Date]

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

Subject: Request for Temporary Workplace Accommodations

Dear [Name],

I am writing to formally notify you that I have sustained a broken [identify the bone, e.g., right arm/left leg]. My healthcare provider has advised that I can continue working, provided certain temporary accommodations are made to ensure my recovery and safety.

I am requesting the following accommodations starting from [Date] through approximately [Date]:

- [Example: Modified workstation or ergonomic equipment]
- [Example: Remote work or flexible hours]
- [Example: Frequent breaks or restricted lifting]
- [Example: Parking or office location closer to the entrance]

I have attached a medical note from my physician confirming my restrictions. I am committed to performing my job duties effectively during this period and am happy to discuss how these adjustments can be implemented.

Thank you for your support and understanding.

Sincerely,

[Your Signature]
[Your Printed Name]