

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

[Date]

[Recipient Name/HR Department/School Administration]  
[Organization Name]  
[Organization Address]

**Subject: Request for Temporary Seating Accommodation - [Your Name]**

Dear [Recipient Name],

I am writing to formally request a temporary seating accommodation due to a recent orthopedic injury ([mention injury, e.g., broken leg, back strain, knee surgery]).

Per my healthcare provider's recommendations, I require the following adjustments to my environment to ensure safety and recovery while performing my duties:

- [e.g., An ergonomic chair with lumbar support]
- [e.g., A footrest or stool to keep the affected limb elevated]
- [e.g., Permission to stand and stretch every 30 minutes]
- [e.g., A temporary desk height adjustment]

I expect these accommodations to be necessary until approximately [Date], or until I am cleared by my doctor. I have attached a medical note from my physician confirming these requirements.

Thank you for your assistance in this matter. Please let me know if you need any further documentation or wish to discuss this further.

Sincerely,

[Your Signature]

[Your Printed Name]