

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

To: [Supervisor Name or Human Resources Department]  
[Company Name]

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

Dear [Name of Supervisor or HR Representative],

I am writing to formally request temporary workspace accommodations to assist with a Repetitive Strain Injury (RSI) that I am currently experiencing. I am committed to maintaining my productivity and performing my duties effectively while managing this condition.

Based on medical advice, I am requesting the following temporary adjustments to my workstation and workflow:

- [e.g., An ergonomic keyboard and mouse]
- [e.g., A height-adjustable standing desk or monitor riser]
- [e.g., Speech-to-text dictation software]
- [e.g., Short, frequent rest breaks (5 minutes every hour) to perform stretching exercises]
- [e.g., Temporary reduction in high-volume typing tasks]

I anticipate that these accommodations will be necessary until approximately [Date/Duration]. I have attached documentation from my healthcare provider outlining these recommendations.

I would like to meet with you to discuss how we can implement these changes to ensure I can continue to contribute to the team while recovering. Thank you for your support and consideration of this request.

Sincerely,

[Your Signature]  
[Your Printed Name]