

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

[Date]

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]

Subject: Request for Lighting Accommodations - Concussion Recovery

Dear [Recipient Name],

I am writing to formally request a temporary workplace accommodation regarding my office environment as I recover from a diagnosed concussion. Due to post-concussion syndrome, I am experiencing significant photosensitivity (light sensitivity), which triggers headaches and eye strain.

To assist in my recovery and ensure I can maintain my productivity, I am requesting the following adjustments to my immediate workspace:

- Turning off or dimming overhead fluorescent lights directly above my desk.
- The use of a low-wattage desk lamp with warm light instead of overhead lighting.
- Permission to wear tinted glasses or a visor indoors to reduce glare.
- Installation of an anti-glare filter on my computer monitor.

I have attached a supporting note from my healthcare provider outlining these recommendations. I anticipate these accommodations will be necessary until [Date/Approximate Duration].

Thank you for your support and for helping me transition back to full duties safely. I am available to discuss these needs further at your convenience.

Sincerely,

[Your Signature]

[Your Printed Name]