

Date: [Date]

To: [Manager Name or HR Department]

From: [Your Name]

Employee ID: [Your ID Number]

Subject: Request for Temporary Physical Restriction Workspace Accommodation

Dear [Recipient Name],

I am writing to formally request a temporary workspace accommodation due to physical restrictions resulting from [medical condition/injury]. As per my healthcare provider's recommendation, I am currently under specific physical limitations that affect my ability to perform my duties in my standard workspace.

According to my medical documentation, my current restrictions include:

- [Restriction 1: e.g., No lifting over 10 lbs]
- [Restriction 2: e.g., Limited prolonged standing or sitting]
- [Restriction 3: e.g., Need for ergonomic support/equipment]

To ensure I can continue to perform my essential job functions effectively and safely, I am requesting the following temporary accommodations:

- [Accommodation 1: e.g., Modified workstation/Sit-stand desk]
- [Accommodation 2: e.g., Temporary relocation to a ground-floor office]
- [Accommodation 3: e.g., Modified schedule or frequent stretch breaks]

These restrictions are expected to remain in place until approximately [Expected End Date]. I have attached the supporting documentation from my healthcare provider outlining these requirements.

I am committed to fulfilling my professional responsibilities and would like to discuss how we can implement these changes. Please let me know when you are available to meet and discuss this request.

Thank you for your assistance and support.

Sincerely,

[Your Signature]

[Your Printed Name]