

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

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

Subject: Request for Temporary Wheelchair Accessible Workspace Accommodation

Dear [Name],

I am writing to formally request a temporary workplace accommodation due to a mobility restriction that requires the use of a wheelchair. I expect to require this accommodation from [Start Date] until approximately [End Date].

To ensure I can continue to perform my job duties effectively, I am requesting the following adjustments to my workspace:

- A workspace located on an accessible floor with elevator access.
- A desk or table with sufficient height and clearance for a wheelchair.
- Clear paths of travel to my desk, restrooms, and common areas.
- [Optional: Proximity to an accessible entrance or parking space].

I am happy to provide medical documentation from my healthcare provider regarding these functional limitations and the expected duration of this need if required.

I look forward to discussing how we can implement these temporary changes. Thank you for your support and assistance.

Sincerely,

[Your Signature]  
[Your Printed Name]