

To: [Name of Supervisor or Human Resources Representative]

From: [Your Name]

Date: [Current Date]

Subject: Request for Temporary Workstation Accommodation - [Your Job Title]

Dear [Name],

I am writing to formally request a temporary workplace accommodation due to an acute injury I recently sustained. My current medical condition significantly limits my mobility and my ability to safely navigate stairs or elevators during an emergency evacuation.

Based on my current physical limitations, I am requesting to be relocated to a workspace on the ground floor of the building. This accommodation will allow me to continue performing my essential job functions while adhering to the physical restrictions set by my healthcare provider.

I anticipate needing this ground-floor accommodation until [Expected Date or "further notice"], pending a follow-up evaluation with my doctor. I have attached medical documentation from my healthcare provider that outlines my functional limitations.

I am committed to fulfilling my professional responsibilities and believe this adjustment will allow me to do so safely. I am available to discuss this request or provide any further information you may need.

Thank you for your assistance and support.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Employee ID Number]