

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[Date]

[Recipient Name]
[Recipient Title/Department]
[Organization/Company Name]
[Address]

Subject: Request for Temporary Relocation Due to Severe Environmental Allergy

Dear [Recipient Name],

I am writing to formally request a temporary relocation of my [workstation/living space] effective [Start Date] due to a severe environmental allergy. This request is based on medical necessity as the current environment contains triggers that pose a significant risk to my health.

Specifically, the presence of [mention trigger if known, e.g., mold, specific pollen, renovation dust, or chemical fumes] in my current location has caused [mention symptoms briefly, e.g., respiratory distress, severe skin reactions].

I am requesting to be moved to [Suggested Location/Department] or to work remotely until [End Date or until the environment is cleared by a professional]. I have attached a medical note from my healthcare provider confirming this diagnosis and the necessity for this accommodation.

I am committed to maintaining my current responsibilities and will ensure that this transition does not impact my performance. I would appreciate your response by [Date] to finalize these arrangements.

Thank you for your understanding and support regarding this health matter.

Sincerely,

[Your Signature]

[Your Printed Name]