

[Your Name]  
[Your Employee ID Number]  
[Your Job Title]  
[Your Department]

[Date]

To: Occupational Health Department / HR Department  
[Company Name]  
[Company Address]

**Subject: Request for Accessible Parking Accommodation**

Dear [Recipient Name or Department],

I am writing to formally request a workplace accommodation regarding my parking arrangements. Due to a medical condition that affects my mobility, I am requesting access to an accessible parking space located in close proximity to my workstation entrance.

This request is intended to help me perform my essential job functions and ensure my safety while entering and exiting the building. Specifically, my current parking situation requires [explain briefly, e.g., walking a long distance or navigating stairs], which is difficult for me to manage due to my health condition.

I have attached supporting documentation from my healthcare provider which outlines my functional limitations and the necessity for this accommodation. I also hold a valid government-issued disabled parking permit (Permit No: [Number], if applicable).

I am happy to meet with the Occupational Health team to discuss this request further or to provide any additional information needed to facilitate this accommodation.

Thank you for your time and for supporting my health and safety in the workplace.

Sincerely,

[Your Signature]

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