Date: [Date]

To: [Employee Name]

From: [Your Name/HR Department]

Subject: Request for Medical Documentation Regarding Modified Schedule Accommodation

Dear [Employee Name],

We are writing in response to your request for a modified work schedule as a workplace accommodation. To better understand your needs and determine how we can best support you, we require additional information from your healthcare provider.

Please have your licensed medical professional provide documentation that addresses the following points:

- A description of the functional limitations that necessitate a modified schedule.
- The specific nature of the modification requested (e.g., specific hours, reduced days, or flexible start/end times).
- The expected duration for which this accommodation will be required.
- Suggestions for alternative accommodations that might also meet your medical needs if the requested schedule is not feasible for the department.

Please note that we are not requesting a specific diagnosis, but rather an explanation of the limitations and requirements related to your job duties.

Please return the completed documentation to [Name/Department] by [Date]. All medical information provided will be kept confidential and stored in a secure file separate from your personnel record.

Once we receive this information, we will review it and meet with you to discuss the next steps in the interactive process.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Job Title]