

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

To: [Supervisor Name or HR Representative Name]
[Company Name]
[Department]

Subject: Request for Extension of Temporary Disability Accommodation

Dear [Name],

I am writing to formally request an extension of my current workplace accommodations, which were originally approved on [Original Start Date] and are scheduled to expire on [Current Expiration Date].

Due to my ongoing medical condition, I am still experiencing functional limitations that impact my ability to perform my essential job functions without support. Based on the advice of my healthcare provider, I am requesting that my current accommodations be extended until [Proposed New End Date or "until further notice"].

The specific accommodations I am requesting to continue include:
[List accommodations, e.g., modified work schedule, remote work, or ergonomic equipment]

Attached is updated documentation from my medical provider that confirms the continued necessity of these accommodations and my expected recovery timeline.

I remain committed to my role and appreciate your continued support in helping me perform my duties effectively. Please let me know if we need to schedule a meeting to discuss this extension further.

Sincerely,

[Your Signature]
[Your Printed Name]