

[Your Name]
[Your Employee ID]
[Your Job Title]
[Date]

To: [Manager Name or HR Department Name]
[Company Name]

Subject: Request for Extension of Ergonomic Equipment Accommodation

Dear [Recipient Name],

I am writing to formally request an extension of my current ergonomic workplace accommodation, which was originally approved on [Original Approval Date] and is set to expire on [Expiration Date].

The ergonomic equipment currently provided-specifically the [List items, e.g., ergonomic chair, standing desk, vertical mouse]-has been essential in managing my [mention condition or "medical requirement"] and has allowed me to perform my job duties effectively and without physical strain.

Because my underlying need for these adjustments is ongoing, I request that this accommodation be extended until [New End Date or "indefinitely"].

Attached to this letter is updated documentation from my healthcare provider, which confirms the continued medical necessity for this ergonomic setup.

I am available to discuss this request further or provide any additional information required by the company to process this extension. Thank you for your continued support in maintaining a productive and healthy work environment.

Sincerely,

[Your Signature]
[Your Printed Name]