

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

[Manager Name or HR Representative Name]
[Company Name]
[Department]

Subject: Request for Workplace Accommodations

Dear [Name of Manager or HR Representative],

I am writing to formally request workplace modifications or reasonable accommodations due to a chronic medical condition. I am committed to performing my job effectively and believe these adjustments will allow me to continue meeting the requirements of my role while managing my health.

To assist me in performing my essential job functions, I am requesting the following modifications:

- [Description of modification 1, e.g., Ergonomic chair/desk]
- [Description of modification 2, e.g., Flexible start/end times]
- [Description of modification 3, e.g., Permission to work from home on specific days]
- [Description of modification 4, e.g., Frequent short breaks]

I have attached a letter from my healthcare provider that confirms my condition and supports the necessity of these specific accommodations. Please note that my medical details are confidential, and I request that this information be handled according to company privacy policies.

I would like to meet with you to discuss how we can implement these changes to ensure a productive working environment. I am open to discussing alternative modifications that may meet both my medical needs and the operational requirements of the team.

Thank you for your time and for your support in this matter. I look forward to hearing from you by [Date].

Sincerely,

[Your Signature]
[Your Printed Name]