

[Date]

[Supervisor Name or HR Representative Name]

[Company Name]

[Company Address]

Subject: Request for Reasonable Accommodation - Modified Work Schedule

Dear [Recipient Name],

I am writing to formally request a reasonable accommodation regarding my current work schedule as a Medical Billing Specialist. I am making this request due to a medical condition that requires a temporary or permanent modification to my hours.

Currently, my assigned schedule is [Current Hours, e.g., Monday-Friday, 8:00 AM to 5:00 PM]. To effectively manage my health while continuing to meet the productivity and accuracy standards required for my role, I am requesting the following modification:

- **Proposed Schedule:** [E.g., 7:00 AM to 3:30 PM / Part-time hours / Flexible start time]
- **Duration:** [E.g., Beginning immediately for 3 months / Permanently]

This adjustment will allow me to [briefly state reason if comfortable, e.g., attend necessary medical treatments / manage symptoms that peak in the afternoon] while ensuring that I can still complete my essential duties, such as claim submissions, coding reviews, and payment posting, during peak business hours.

I have attached a supporting letter from my healthcare provider which confirms my functional limitations and the necessity of this schedule change. I am committed to maintaining my billing targets and am open to discussing how we can implement this schedule to ensure there is no disruption to the department's workflow.

Please let me know when we can meet to discuss this request. Thank you for your time and for supporting my health and professional contributions to [Company Name].

Sincerely,

[Your Name]

[Your Employee ID/Position]

[Your Phone Number]