Date: [Insert Date]

To: [Supervisor Name or HR Department]
From: [Employee Name]
Subject: Request for Modified Duty and Ergonomic Accommodations

Dear [Name],

I am writing to formally request temporary modified duty and ergonomic accommodations regarding my role as a Medical Assistant. This request is based on medical necessity as documented by my healthcare provider.

According to my provider's recommendations, I am requesting the following modifications to my daily tasks:

- **Physical Restrictions:** [e.g., No lifting over 10 lbs, no repetitive overhead reaching, or limited standing to 30-minute increments].
- **Modified Duties:** [e.g., Transitioning from clinical floor duties to administrative tasks, phone triage, or records management].
- **Ergonomic Adjustments:** [e.g., Sit-stand desk converter, ergonomic chair, or anti-fatigue floor mats for use during patient intake].

These accommodations will allow me to continue performing the essential functions of my job safely and effectively while following my medical treatment plan. I have attached the formal medical certification from my physician which outlines the duration of these restrictions, currently estimated until [Insert Date].

I am available to discuss how we can implement these changes to ensure minimal disruption to clinic operations. Thank you for your support and assistance in this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Employee ID/Title]