

[Your Name]
[Your Job Title]
[Your Phone Number]
[Your Email]

[Date]

[Administrator Name]
Clinic Administrator
[Clinic/Facility Name]

Dear [Administrator Name],

I am writing to formally request a reasonable accommodation regarding my work schedule due to a medical condition. I am currently working [Current Hours/Full-Time], and based on the recommendation of my healthcare provider, I need to reduce my working hours to [Number of Hours] per week.

I am proposing the following modified schedule: [Example: Monday through Friday, 9:00 AM to 1:00 PM]. I believe this adjustment will allow me to continue performing the essential functions of my role as a [Your Job Title] while effectively managing my health requirements.

I have attached a supporting letter from my physician which confirms the medical necessity of this reduction in hours. I am eager to discuss how we can implement this change to ensure minimal disruption to clinic operations and patient care.

I would like to request that this accommodation begin on [Start Date]. Please let me know a convenient time to meet and discuss this request further.

Thank you for your time and consideration.

Sincerely,

[Your Signature]
[Your Printed Name]