

[Employee Name]
[Employee Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Manager or HR Contact Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Request for Ergonomic Assistive Devices for Return to Work

Dear [Manager or HR Contact Name],

I am writing to formally request a reasonable accommodation regarding my return to work on [Return Date]. To ensure I can perform my job duties effectively and safely following my [medical leave/injury], I require specific ergonomic assistive devices at my workstation.

Based on medical recommendations, I am requesting the following items:

- [Item 1, e.g., Height-adjustable standing desk]
- [Item 2, e.g., Ergonomic office chair with lumbar support]
- [Item 3, e.g., Split ergonomic keyboard and vertical mouse]
- [Item 4, e.g., Monitor risers or dual monitor arms]

These devices are necessary to [briefly state purpose, e.g., reduce strain on my lower back/prevent repetitive stress injury] and will allow me to maintain full productivity during my working hours. I have attached the relevant documentation from my healthcare provider detailing these requirements.

I am happy to discuss these needs further or meet with the workplace safety officer to ensure the workstation setup meets company standards. Please let me know the process for procuring these items before my scheduled return date.

Thank you for your support in facilitating my transition back to the office.

Sincerely,

[Employee Signature]

[Employee Printed Name]