

[Your Name]
[Your Job Title]
[Your Address]
[Date]

[Employer Name]
[Human Resources Department/Supervisor Name]
[Company Address]

Subject: Request for Accommodation - Return to Work

Dear [Name of Supervisor or HR Representative],

I am writing to formally request a workplace accommodation as I prepare to return to my duties as a [Your Job Title] on [Return Date].

Following a medical evaluation, my healthcare provider has cleared me to return to work with specific physical restrictions regarding manual patient handling. To ensure my safety and the safety of the patients, I require the consistent use of patient care lifting devices for all transfers and repositioning tasks.

Specifically, I am requesting the following accommodations:

- Use of mechanical lifts (e.g., Hoyer lifts, sit-to-stand devices) for all patient transfers.
- Assistance from a second staff member when operating lifting equipment, as per safety protocols.
- Access to friction-reducing sliding sheets or lateral transfer boards for bed repositioning.
- Exemption from "maximum manual lift" tasks that exceed [X] pounds.

Attached is a supporting letter from my physician outlining these functional limitations. I am confident that with the use of these assistive devices, I can perform the essential functions of my position effectively.

I am available to discuss this request further and look forward to collaborating on a safe return to the workplace. Please let me know if you require any additional documentation.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]