[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Supervisor or HR Manager Name]
[Facility/Company Name]
[Department]

Subject: Request for Reasonable Accommodation - [Your Full Name]

Dear [Manager or HR Name],

I am writing to formally request a reasonable accommodation regarding my duties as a Patient Care Technician due to a medical condition. I intend to continue performing my essential job functions effectively while following my healthcare provider's recommendations.

Specifically, I am requesting a reduced standing accommodation. Due to my current medical limitations, I require the following adjustments:

- A limit on continuous standing or walking for more than [Number] minutes at a time.
- The ability to sit for [Number] minutes for every [Number] minutes spent on my feet.
- The use of a stool or chair while performing stationary tasks, such as charting, monitoring monitors, or prepping supplies.

I have attached a supporting letter from my healthcare provider that outlines my functional limitations and the necessity of these accommodations. I am confident that with these minor adjustments, I can continue to provide high-quality care to our patients and fulfill the requirements of my role.

I would like to meet with you to discuss how we can implement these changes. Please let me know a time that works best for you.

Thank you for your time and professional support.

Sincerely,

[Your Signature]
[Your Printed Name]