

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

[Date]

[Recipient Name]  
[Title]  
[Organization Name]  
[Organization Address]

**Subject: Request for Reasonable Accommodations - [Your Name]**

Dear [Recipient Name],

I am writing to formally disclose that I have a chronic health condition that qualifies as a disability under the [Applicable Law, e.g., Americans with Disabilities Act]. Because of this condition, I am requesting reasonable accommodations to help me perform my essential job functions effectively and manage my health requirements.

My condition results in the following limitations: [Briefly describe limitations, e.g., fatigue, reduced mobility, or need for scheduled medication/treatments].

To manage these limitations, I am requesting the following accommodations:

- [Accommodation Request 1, e.g., Flexible start/end times]
- [Accommodation Request 2, e.g., Permission to work from home on specific days]
- [Accommodation Request 3, e.g., Ergonomic equipment or a modified workstation]
- [Accommodation Request 4, e.g., Scheduled breaks for symptom management]

I have attached medical documentation from my healthcare provider which confirms my diagnosis and supports the necessity of these specific accommodations.

I am committed to my role and believe these adjustments will allow me to continue meeting my performance goals while managing my health. I would like to meet with you to discuss these requests and determine the best way to implement them.

Thank you for your time and for supporting my professional contributions to the team.

Sincerely,

[Your Signature]

[Your Printed Name]