Date: [Date]

To: [Supervisor Name or Human Resources Department]
Company: [Company Name]
Address: [Company Address]

Subject: Request for Reasonable Accommodation - Modified Daily Schedule

Dear [Recipient Name],

I am writing to formally request a reasonable accommodation regarding my work schedule due to a medical condition. I am confident that I can continue to perform the essential functions of my position as [Job Title], but I require a modification to my daily hours to manage my health effectively.

Based on the recommendation of my healthcare provider, I am requesting the following schedule modification:

- **Current Schedule:** [e.g., 9:00 AM to 5:00 PM]
- **Proposed Schedule:** [e.g., 7:30 AM to 3:30 PM]
- **Effective Date:** [Start Date]
- **Duration:** [e.g., Permanent or until a specific date]

This adjustment will allow me to [briefly state reason if comfortable, e.g., attend recurring medical treatments / manage symptoms that occur at specific times of day] while ensuring I complete my required total hours and job responsibilities.

I have attached documentation from my medical provider that supports the necessity of this accommodation. I am open to discussing how this change may impact team operations and am committed to ensuring a smooth transition.

Please let me know if you need any further information or if there is a specific form I need to complete to finalize this request. I look forward to your response.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Employee ID Number, if applicable]