[Date]

[Employer Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

RE: Request for Medical Accommodation - [Employee Name]

To Whom It May Concern,

I am the treating [Job Title/Specialty] for [Employee Name]. [Employee Name] is under my care for a medical condition that requires a formal workplace accommodation.

To manage this condition effectively and maintain productivity, I recommend that [Employee Name] be provided with scheduled rest breaks during their work shift. Specifically, I recommend the following schedule:

- [Number] breaks per day.
- Duration of [Number] minutes per break.
- Frequency of breaks (e.g., every 2 hours).

These breaks are medically necessary to [Briefly state reason, e.g., manage fatigue, administer medication, or alleviate physical strain]. This accommodation is expected to be necessary for [Duration, e.g., 6 months / permanently].

Please let me know if you require any additional information regarding these functional limitations. Thank you for your cooperation in supporting [Employee Name]'s health and professional performance.

Sincerely,

[Doctor's Signature]
[Doctor's Printed Name]
[Medical Practice Name]
[Phone Number]