

**Date:** [Date]

**To:** [Name of Supervisor or Human Resources Department]

**Organization:** [Name of Company/Institution]

**Subject: Partial Attendance Medical Exemption and Accommodation Request**

Dear [Recipient Name],

I am writing to formally request a reasonable accommodation regarding my attendance schedule due to a medical condition. This request is based on the advice and documentation provided by my healthcare provider.

Due to my current health status, I am unable to maintain a full-time or standard on-site attendance record. I am requesting a partial attendance schedule that includes the following:

- **Reduced Hours/Days:** [Specify days or hours you are able to work, e.g., Monday, Wednesday, Friday only].
- **Remote Work:** [Specify if you are requesting to work from home on the days you are not physically present].
- **Flexible Start/End Times:** [Specify if needed to manage symptoms or treatment].

Attached to this letter is documentation from my medical professional, [Doctor's Name], which confirms my limitations and the necessity of this modified schedule for my health and recovery.

I remain committed to my role and believe that these accommodations will allow me to continue performing my essential job functions effectively while managing my medical needs. I am available to discuss how we can implement this transition and ensure that my responsibilities are covered during my absence.

Thank you for your understanding and for considering this request. I look forward to your response.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Employee ID/Position]