

[Employee Name]
[Employee Address]
[City, State, Zip Code]

[Date]

[Employer Name]
[Manager/HR Name]
[Company Address]
[City, State, Zip Code]

RE: Medical Clearance and Request for Reasonable Accommodation

Dear [Manager or HR Representative Name],

I am writing to inform you that I have been cleared by my healthcare provider to return to work effective [Date].

Based on my current medical status, I am able to perform the essential functions of my position as [Job Title], provided that I am granted the following reasonable accommodations:

- [Description of Accommodation 1, e.g., Modified work schedule]
- [Description of Accommodation 2, e.g., Ergonomic equipment/desk setup]
- [Description of Accommodation 3, e.g., Remote work options]
- [Description of Accommodation 4, e.g., Frequent rest breaks]

I have attached a supporting letter from my healthcare provider which outlines my functional limitations and the necessity of these accommodations to ensure a safe and productive return to the workplace.

I am eager to resume my duties and am available to discuss these requests or participate in the interactive process to determine how these accommodations can be effectively implemented. Please let me know if you require any further documentation or information.

Thank you for your assistance in this matter.

Sincerely,

[Employee Signature]
[Typed Employee Name]