

Date: [Date]

To: [Supervisor Name or Human Resources Department]

From: [Your Name]

Employee ID: [Your ID Number, if applicable]

Subject: Request for Reasonable Workplace Accommodation

Dear [Name of Contact Person],

I am writing to formally request a workplace accommodation due to a chronic health condition. I am committed to performing my job effectively, but I am currently experiencing medical challenges that impact my ability to perform certain tasks under my current working conditions.

I am requesting the following accommodation(s):

- [Example: Modified work schedule/flexible hours]
- [Example: Ability to work from home on specific days]
- [Example: Specialized office equipment or ergonomic furniture]
- [Example: Frequent short breaks for medical management]

These adjustments will allow me to manage my symptoms while continuing to meet the essential functions and productivity standards of my role as [Your Job Title].

I have attached medical documentation from my healthcare provider which confirms my condition and supports the necessity of these accommodations. I am open to discussing these options or alternative solutions that would be effective for both me and the team.

I look forward to discussing this request with you further. Thank you for your time and assistance.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Phone Number]