[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name]
[Title]
[Organization Name]
[Organization Address]

Subject: Statement of Partial Disability and Request for Accommodations

Dear [Recipient Name],

I am writing to formally notify you that I have been diagnosed with a partial disability that affects my ability to perform certain tasks in my current role as [Your Job Title]. While I remain capable of performing the essential functions of my position, my medical condition requires specific workplace accommodations to ensure I can continue to work effectively and safely.

Based on the recommendations of my healthcare provider, I am requesting the following accommodations:

- [Description of accommodation 1, e.g., Modified work schedule]
- [Description of accommodation 2, e.g., Ergonomic equipment]
- [Description of accommodation 3, e.g., Limitations on heavy lifting]

I have attached medical documentation from my physician which outlines my functional limitations and the necessity of these adjustments. I am committed to my responsibilities and am confident that with these accommodations, I will be able to maintain high productivity and meet the requirements of my role.

I would like to discuss these requests with you further to determine the best way to implement them. Please let me know a convenient time for us to meet.

Thank you for your time and understanding regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]