

[Date]

[Healthcare Professional's Name]

[Title/Credentials]

[Clinic/Organization Name]

[Address]

[City, State, Zip Code]

To: [Employer Name or Human Resources Department]

From: [Healthcare Professional's Name]

Re: Workplace Accommodation for [Employee Name]

Dear [Recipient Name],

I am the treating [Job Title, e.g., Psychiatrist/Therapist] for [Employee Name], and I have been providing care since [Date].

[Employee Name] has a mental health disability as defined by the Americans with Disabilities Act (ADA). This condition limits major life activities, including [mention activities, e.g., concentrating, interacting with others, or regulating emotions].

To assist with these limitations and to allow [Employee Name] to perform the essential functions of their job, I am recommending a Psychiatric Service Dog (PSD) as a reasonable workplace accommodation. This service dog is specifically trained to perform tasks related to the employee's disability, including [list tasks, e.g., alerting to anxiety attacks, providing pressure therapy, or interrupting repetitive behaviors].

The presence of this service animal is medically necessary to mitigate symptoms while at the workplace. I am available to discuss this recommendation further if you require additional information regarding the functional limitations addressed by this accommodation.

Sincerely,

[Signature]

[Printed Name]

[License Number]

[Phone Number]