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

[Date]

[Supervisor or HR Representative Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: Request for Reasonable Accommodation - [Your Name]

Dear [Recipient Name],

I am writing this letter to formally request a reasonable accommodation regarding my current work duties due to a medical condition. I intend to continue performing my job effectively while following the medical guidance provided by my healthcare provider.

Based on my current medical status, I have the following work restrictions:

- [Restriction 1: e.g., No lifting over 10 lbs]
- [Restriction 2: e.g., Need to sit for 10 minutes every hour]
- [Restriction 3: e.g., Modified work schedule]

To accommodate these restrictions, I am proposing the following adjustments:

- [Accommodation 1: e.g., Use of a rolling cart for transport]
- [Accommodation 2: e.g., Ergonomic chair or standing desk]
- [Accommodation 3: e.g., Shift adjustment from 9:00 AM to 5:00 PM]

These restrictions are expected to remain in place until [Date or "further notice"]. I have attached a supporting letter from my doctor which outlines these functional limitations.

I am open to discussing these options with you to find a solution that meets both my health needs and the requirements of the team. Please let me know when you are available to discuss this further.

Sincerely,

[Your Signature]

[Your Printed Name]