

[Your Name]
[Your Job Title]
[Your Employee ID, if applicable]

[Date]

[Manager's Name or HR Representative Name]
[Company Name]
[Department]

Subject: Request for Workplace Accommodation - [Your Name]

Dear [Name of Manager or HR Professional],

I am writing this letter to formally request a workplace accommodation due to a chronic medical condition. I am committed to performing my job effectively, but I am currently experiencing challenges that require adjustments to my work environment or schedule.

Under the Americans with Disabilities Act (ADA) and/or applicable local laws, I am requesting the following accommodation(s):

- [Accommodation Request 1: e.g., Flexible start/end times]
- [Accommodation Request 2: e.g., Ergonomic desk equipment]
- [Accommodation Request 3: e.g., Remote work options or a quiet workspace]

These accommodations will help me to perform the essential functions of my role by [briefly explain how the change helps, e.g., managing fatigue or reducing physical strain].

I have attached a supporting letter from my healthcare provider that confirms my diagnosis and explains the functional limitations necessitating these changes. I am open to discussing these options or alternative solutions that would meet the needs of the department while supporting my health.

I would appreciate the opportunity to meet with you to discuss this request further. Thank you for your time and professional support.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Phone Number]
[Your Email Address]