

[Date]

To: [Employer Name/Human Resources Department]

Company: [Company Name]

Address: [Company Address]

Subject: Prescription for Medical Accommodation: Flexible Work Schedule

Dear [Name of Supervisor or HR Representative],

I am the treating physician for [Employee Name]. [Employee Name] has a medical condition that qualifies as a disability under the Americans with Disabilities Act (ADA) and requires a reasonable accommodation to perform their essential job functions effectively while managing their health.

As part of the prescribed treatment plan for this condition, I am authorizing and recommending a **Flexible Work Schedule**. Specifically, I recommend the following adjustments:

- [Insert specific need, e.g., Flexible start and end times to manage morning symptoms]
- [Insert specific need, e.g., Permission to attend weekly medical appointments on Tuesday afternoons]
- [Insert specific need, e.g., Ability to take periodic breaks for medication administration]

This accommodation is medically necessary to [prevent exacerbation of symptoms / ensure treatment compliance / manage chronic pain]. This schedule modification is expected to be required for [Duration, e.g., six months / indefinitely].

Please feel free to contact my office at [Phone Number] if you require further clarification regarding these medical limitations. Thank you for your assistance in supporting your employee's health and professional productivity.

Sincerely,

[Physician Signature]

[Physician Name, M.D./D.O.]

[Medical Practice Name]

[License Number]