

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

[Date]

[Name of Managing Partner or HR Director]
[Name of Law Firm]
[Firm Address]
[City, State, Zip Code]

RE: Formal Request for Interactive Process and Reasonable Accommodation

Dear [Name of Recipient],

I am writing this letter to formally request a good faith meeting to engage in the interactive process regarding my current employment as an Associate Attorney. This request is being made in connection with a [medical condition/disability] that is currently impacting my ability to meet the standard billable hour requirements of the firm.

I am fully committed to my role at [Name of Law Firm] and wish to continue performing my essential job functions effectively. However, due to my current circumstances, I am requesting a reasonable accommodation regarding my billable hour targets.

I would like to discuss potential accommodations, which may include, but are not limited to:

- A temporary or permanent reduction in annual or monthly billable hour requirements.
- A modified work schedule or flexible hours.
- Adjustments to case assignments or administrative responsibilities.

I have attached [or can provide upon request] medical documentation from my healthcare provider that confirms my functional limitations and the necessity of these accommodations.

I look forward to meeting with you at your earliest convenience to discuss how we can reach a mutually beneficial arrangement that allows me to continue contributing to the firm's success while managing my health. Please let me know when you are available for an initial discussion.

Sincerely,

[Your Signature]

[Your Printed Name]