

Accommodation Request for Hearing Impairment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request accommodations for my hearing impairment under the Americans with Disabilities Act (ADA). I have recently been diagnosed with a hearing condition that substantially limits my ability to hear and process auditory information.

To facilitate my performance and enhance my participation, I am requesting the following accommodations:

- Provision of a sign language interpreter for meetings and important discussions.
- Access to written transcripts or notes from meetings.
- Implementation of visual alerts for notifications and announcements within the workplace.

I believe that these accommodations will enable me to perform my job effectively while ensuring an inclusive work environment. I am happy to discuss this request further and provide any necessary documentation to support my need for these accommodations.

Thank you for considering my request. I look forward to your prompt response.

Sincerely,

[Your Name]