

# ADA Accommodation Request for Temporary Disability

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

Human Resources Department

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [HR Manager's Name],

I am writing to formally request accommodations under the Americans with Disabilities Act (ADA) due to a temporary disability I am currently experiencing. My condition is [briefly describe your condition, e.g., a broken leg], which is expected to affect my ability to perform my job duties effectively.

To support my request, I have attached documentation from my healthcare provider detailing my condition and the recommended accommodations. I am seeking the following accommodations to assist me during this period:

- [Accommodation 1, e.g., ergonomic workspace modifications]
- [Accommodation 2, e.g., flexible work hours]
- [Accommodation 3, e.g., remote work options]

I believe these accommodations will enable me to continue performing my job effectively while I recover. I would appreciate your prompt attention to this matter and am open to discussing alternative accommodations if necessary.

Thank you for your understanding and support. I look forward to your response.

Sincerely,

[Your Name]