

ADA Accommodation Request for Vision Impairment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

Human Resources Department

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [HR Manager's Name],

I am writing to formally request an accommodation under the Americans with Disabilities Act (ADA) due to my vision impairment. I have been diagnosed with [specific condition, if comfortable sharing], which significantly affects my ability to [describe how it impacts your work].

To facilitate my work, I would like to request the following accommodations:

- [Accommodation 1: e.g., screen magnification software]
- [Accommodation 2: e.g., larger monitors or high-contrast displays]
- [Accommodation 3: e.g., flexible work hours for treatment]

I believe that these accommodations will enable me to perform my job duties effectively while managing my condition. I am open to discussing other potential solutions that may also be beneficial.

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

Sincerely,

[Your Name]