

Notification of Chronic Condition

Date: [Insert Date]

To: [Supervisor's Name]

From: [Your Name]

Subject: Request for Workplace Accommodations

Dear [Supervisor's Name],

I am writing to formally notify you of a chronic condition that may impact my ability to perform my duties at work. Following a consultation with my healthcare provider, I have been diagnosed with [Specify Chronic Condition]. This condition may occasionally affect my [mention specific work-related abilities, e.g., mobility, concentration].

To ensure that I can continue to contribute effectively to our team, I would like to discuss possible workplace accommodations such as [list accommodations, e.g., flexible work hours, ergonomic workspace, remote work options]. I believe these adjustments will help me manage my condition while maintaining my productivity.

I appreciate your understanding and support regarding this matter. I am open to discussing this at your earliest convenience and would like to work together to create an effective plan moving forward.

Thank you for your attention to this important request.

Sincerely,

[Your Name]

[Your Job Title]

[Your Contact Information]