

Request for ADA Accommodation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Supervisor's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Supervisor's Name],

I am writing to formally request an accommodation under the Americans with Disabilities Act (ADA) due to [briefly explain your medical condition or disability]. I have been experiencing [describe how this impacts your ability to perform your job duties].

To better perform my job and maintain productivity, I request modified duties, which may include [list specific accommodations or modified duties you are requesting]. I believe these adjustments will enable me to contribute effectively to our team while managing my health condition.

I am willing to discuss this matter at your earliest convenience and provide any necessary documentation from my healthcare provider to support my request. Thank you for considering my accommodation request. I look forward to your prompt response.

Thank you for your understanding.

Sincerely,

[Your Name]