

Disability Accommodation Appeal

Date: [Insert Date]

[Your Name]
[Your Address]
[City, State, Zip Code]
[Your Email]
[Your Phone Number]

[HR Manager's Name]
[Company Name]
[Company Address]
[City, State, Zip Code]

Dear [HR Manager's Name],

I am writing to formally appeal the recent decision regarding my request for disability accommodation submitted on [Insert Date of Original Request]. I appreciate the consideration given to my initial request but believe that further clarification is necessary for a more favorable outcome.

Due to my condition, [Briefly explain your disability and how it affects your work]. I had requested [Insert specific accommodations requested] to enable me to perform my job effectively and maintain productivity.

After reviewing the feedback provided, I understand the concerns outlined in the response. However, I would like to highlight [Provide reasons why your request is essential and how it can be implemented feasibly].

I am hopeful that we can find a suitable solution that ensures my ability to work while accommodating my needs. I am open to discussing alternative accommodations that may be more acceptable.

Thank you for your attention to this matter. I look forward to your prompt response and hope we can resolve this issue amicably.

Sincerely,

[Your Name]