

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request a workplace accommodation under the Americans with Disabilities Act (ADA). As you may know, I have been diagnosed with [specific condition], which affects my ability to [describe the limitation]. In order to perform my job effectively, I would like to request the following accommodations: [list specific accommodations].

I believe these adjustments will not only assist me in fulfilling my job duties but also enhance my overall productivity. I am open to discussing alternative accommodations that may also be suitable.

Please let me know a convenient time for us to meet and discuss this further. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for considering my request.

Sincerely,

[Your Name]