

# Request for Workplace Disability Accommodation

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Employer's Name]

[Company's Name]

[Company's Address]

[City, State, Zip Code]

Dear [Employer's Name],

I am writing to formally request accommodations for my chronic illness, [specific illness], which impacts my ability to perform my job effectively. After consultation with my healthcare provider, I believe that certain modifications will help me to manage my condition while fulfilling my roles and responsibilities.

The accommodations I am requesting include:

- [Accommodation 1: e.g., flexible work hours]
- [Accommodation 2: e.g., ability to work from home on certain days]
- [Accommodation 3: e.g., ergonomic workspace adjustments]

I believe these adjustments will enhance my productivity and well-being without causing undue hardship to the company. I am committed to maintaining open communication with you about my condition and any further needs that might arise.

Please let me know if you require any documentation from my healthcare provider to support this request. I appreciate your understanding and support as I manage my health while continuing to contribute to our team.

Thank you for considering my request. I look forward to discussing this matter with you further.

Sincerely,

[Your Name]