

Accommodation Confirmation Letter

Date: [Insert Date]

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

[Recipient's Name]
[Recipient's Position]
[Company/Organization Name]
[Company Address]
[City, State, Zip Code]

Subject: Confirmation of Disability Accommodation Needs

Dear [Recipient's Name],

I am writing to formally confirm the accommodations needed due to my disability, which have been discussed in our previous meetings. As per our conversation, I would like to reiterate the necessary accommodations that will support my ability to perform my duties effectively.

The following accommodations are requested:

- [Accommodation 1: e.g., ergonomic workstation]
- [Accommodation 2: e.g., flexible work hours]
- [Accommodation 3: e.g., assistive technology]

I appreciate your understanding and support regarding my accommodation needs. If you require any further information, please feel free to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Job Title]
[Your Department]