

# Request for Disability Accommodation Approval

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]

Dear [Recipient's Name],

I am writing to formally request approval for disability accommodations at [Company/Organization Name] in accordance with the Americans with Disabilities Act (ADA).

As a result of my [specific disability], I am experiencing [a brief explanation of how the disability affects your work]. I am therefore requesting the following accommodations:

- [Accommodation 1]
- [Accommodation 2]
- [Accommodation 3]

I believe these accommodations will allow me to perform my essential job functions effectively while ensuring equal access to the workplace.

If necessary, I am willing to provide documentation from my healthcare provider to support my request.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Name]