

Workplace Accommodation Request Form

Date: _____

Dear _____,

I, _____, am an employee of _____ living with a disability. Under the protections of the Americans with Disabilities Act, I am requesting accommodations to better assist me work more productively.

Which tasks are currently limited by your medical condition?

What accommodations do you believe would help mitigate these limitations?

Thank you for your assistance, and I look forward to hearing from you in the near future.

Sincerely,

Signature

Printed Name