

Your Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Date: _____

Employer's Name: _____

Title: _____

Employer: _____

Street Address: _____

City, State, Zip: _____

Dear Employer's Name: _____:

I am an individual with the following [disability] _____. The _____ substantially limits the following major life activities:

Employer's Name: _____

Date: _____

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I am requesting a reasonable accommodation under the Americans with Disability Act Amendments Act (ADAAA) (or the Rehabilitation Act of 1973 if you are a _____). The _____ substantially limits the following major life activities: _____. I am requesting [insert request] _____.

A reasonable accommodation is any change in the workplace or the way things are usually done that gives an individual with a disability an equal employment opportunity. Accommodations, for example, may be necessary to deal with barriers: during hiring, in accessing the work space, in completing a job duty, and in enjoying the benefits of employment, or in accessing additional time-off, or reassignment to another position.

I need an accommodation for the following disability-related reason [insert reason]

_____.

My accommodation ideas on what I think will help me are [insert ideas]

_____.

I am open to discussing other equally effective reasonable accommodation ideas you may have.

I am attaching a letter from my health care provider confirming my condition and need for accommodation. I am looking forward to your response; please confirm you have received this request within a reasonable amount of time.

Sincerely,

[insert signature] _____

Your Name: _____