

Date of Letter

Your Name

Your Address

Your Email/Tel Number

Employer's name

ATTN: (e.g., HR, Manager, Benefits Coordinator)

Employer's address

Employer Email/Fax Contact (as appropriate)

Dear (e.g., Supervisor, Manager, Human Resources, Personnel):

Content to consider in body of letter:

- Identify yourself as a person with a disability (*NOTE: in California, employees have a right to privacy; hence, while you may have to provide documentation of your limitations for which you are requesting accommodation, you are not required to disclose the nature of your diagnosis, the details of your disability, medical condition, or symptoms.*).
- State that you are requesting accommodations under California law (if employed in California or by California employer) and federal law (the ADA and/or the Rehabilitation Act of 1973 if you are a federal employee)
- Identify how your disability interferes with or limits your job functions and/or your specific problematic job tasks, schedule/shift issues, or area in which you are requesting modification of your job functions;
- Identify your accommodation ideas that will assist you in performing your job's essential job functions, such as a change to your job duties or work environment that may help give you the ability to perform the essential functions of your position;
- Request your employer's input and accommodation ideas;
- Refer to attached medical documentation, if appropriate (*NOTE: while you need not disclose the nature of your disability – i.e., diagnosis – an employer may require medical documentation describing your physical or mental limitations that prevent you from doing your work*);
- Ask that your employer respond to your request within a reasonable amount of time.

Sincerely,

Your signature

Your printed name

cc: (only to appropriate individuals who are on a need-to-know basis)