Date

Human Resources Department

Employer’s Address

**Re: Request for Leave as a Reasonable Accommodation for (Your Name)**

Dear Mr./Ms. (Contact at Human Resources Department):

I work as a (Job Title) and have been in this position since (Date).

I am writing to request leave as a reasonable accommodation under the ADA. I am asking for (amount of time) or leave until (rough end date).

As you may know, I have a disability (you can list your disability here or wait for your employer to ask for a record of your disability), and this short leave would allow me to be successful upon my return to work.

**[Optional: You can attach now or wait for your employer to ask.] I** have attached a doctor’s note supporting my need for leave as an accommodation and my ability to return to work on (return to work date).

**[Optional: If you are asking for more than two weeks and if there are accommodations that would allow you to return to work sooner.]** If you cannot provide me with leave, I would like to explore other accommodations that would allow me to return to work, including (other ways).

If you are unable to provide me with this leave, I ask that we engage in the interactive process to discuss whether there is a different accommodation that would be effective.

If you have any questions about leave under the ADA, feel free to contact the Job Accommodation Network a 1-800-526-7234 or the Great Lakes ADA Center at 1-800-949-4232 for more information, free of charge.

If you have any questions about my request, you can contact me in writing or by phone. However, I would appreciate a written response to this letter. Thank you very much.

Sincerely,

(your name)