REQUEST FOR ACCOMMODATION *Modified or Part-Time Schedule*

MEMORANDUM

TO: FROM:	Gail Kroen, Director of Human Resources (your name here)
RE:	Request for Reasonable Accommodation
DATE:	(today's date here)
(ADA). If	quest for reasonable accommodation under the Americans with Disabilities Act you are not the appropriate person to receive this request, please notify me y, and forward this letter on to the person who handles requests for reasonable ation.
I am a person with a "disability" under federal law/s. [My condition is (list your disability or condition here)] Due to my disability, (request modified schedule here and reason for limitation, shift or split schedule.)	
modified or 12111(9)(B <i>Enforcemen</i>	to the ADA and the federal Equal Employment Opportunity Commission (EEOC), a part-time schedule can be a form of reasonable accommodation. See 42 U.S.C. §) and the sections entitled "Leave" and "Modified or Part-Time Schedule" in <i>EEOC</i> at Guidance on Reasonable Accommodation and Undue Hardship Under the with Disabilities Act, both available at www.eeoc.gov.
wish to proj	ne know if you require reasonable medical documentation of my condition, or if you pose alternative accommodations to those I have requested. I am ready and willing to ne interactive process with you so that I may continue in my employment.
Thank you.	