[date]

[superintendent or other administrator]

Dear [name of superintendent or other administrator]

I would like to disclose that I have a medical condition and need to request accommodation under the Americans with Disabilities Act. I want to assure you that I am capable of performing all of my essential duties; I simply need reasonable accommodation.

My medical conditions are:

* [List medical condition(s) here]

Because of this/these condition(s) I have the following limitation(s) :

* [Describe limitations of condition(s) that are relevant to the accommodation request(s) here]

I would like to request the following reasonable accommodation(s) as I believe it/they would help alleviate the limitations I've described:

* [List requested accommodation(s) here]

This/these accommodation(s) would help in the follow ways:

* [List rationale for accommodation request(s) as it/they relate to the above-mentioned disability(ies) and how it/they would support you in your current workplace environment.

Without this/these accommodation(s) (I can predict with reasonable certainty that) my disability(ies) will be/are impacted in the following ways:

* [List the way(s) in which the condition(s) of your disability(ies) are/will be impacted by your current workplace environment

I can provide medical documentation to substantiate my medical condition and my need for reasonable accommodation under the ADA. Please provide a prompt response to this request so that we can begin the interactive process. I appreciate your consideration of this important matter.

Sincerely,

[Your name, signature and contact info]