

Workplace Accommodation Request Letter

Date of Letter

Your name

Your address

Employer's name

Employer's address

Dear **[Insert employer's name here]**:

I have worked at _____ **(company name)** as a _____ **(workplace position)** since _____ **(approximate date of hire)**. I am writing to request a workplace accommodation as I have a disability as defined by the *Americans with Disabilities Act*. I am confident that I can continue the responsibilities and productivity related to my job provided the appropriate accommodations. I've been experiencing the following difficulties in performing my job responsibilities as they relate to my disability: _____ **(describe workplace barriers)**

To address these barriers, I am requesting a commercial *Cephable* software license to support my daily job responsibilities. *Cephable* provides alternative inputs (voice controls, dictation, head movements, virtual buttons) for accessing my work-related computer apps and programs. With Cephable inputs, employees are empowered to choose the input modalities that work best for them by lessening the dependency on the keyboard and mouse. I have considered other alternative computer access solutions, but Cephable is the most effective solution because it will _____ **(how it will help you do your job)**.

You can contact Cephable and make this request by emailing Jason Fields: JFields@cephable.com

If you have any questions, please don't hesitate to contact me. Thank you for working with me to find effective accommodations to continue supporting my workplace goals & productivity.

Sincerely,

Your name

Your full address

Your phone number

Your email

CC: appropriate individuals (optional)

Attachments: supporting documents if needed (e.g. doctor's note)

For more information about employee rights and corporate responsibilities under the *Americans with Disabilities Act*, reference: *Job Accommodation Network (JAN)*, <https://askjan.org/>

Cephable is an [approved vendor](#) with JAN.