

Date: _____

Dear _____,

I am writing to formally request employment accommodations under the Americans with Disabilities Act (ADA). I am living with a chronic medical condition called cystic fibrosis (CF) that makes certain activities more challenging for me, but I hope that we can work together to find accommodations that work for both of us.

A little bit about CF

CF is a progressive, genetic disease that affects the lungs, digestive system, and other parts of the body. It also makes people who live with it more vulnerable to getting sick. CF is not contagious.



Work environment accommodations

My condition makes me particularly vulnerable to respiratory infections. I request the following accommodations relating to my place of work:

- Full-time remote working
- Flexible work hours, specifically _____
- Ability to work remotely during times when respiratory infections are increasing among coworkers

Please note that although I have frequent coughing spells, these are a result of my condition and are not the result of a contagious illness.

Because my condition makes me particularly sensitive to scents and fumes, I request the following accommodations relating to my place of work:

- Fragrance-free environment
- Reasonable protection from exposure to fumes or toxins
- Adequate notice of upcoming construction, cleaning, or pest control treatments so that I may avoid the ensuing fumes



Attendance and leave accommodations

I attend regular specialist appointments that require significant travel and time away from work. My condition also means that I may be admitted to the hospital for several weeks at a time. While I will provide as much advance notice as possible before regularly scheduled appointments, some absences will be sudden and unavoidable. I request the following accommodations:

- Ability to use paid time off (PTO) to attend appointments and access medical care
- Ability to use vacation time in order to access medical care once my PTO allotment has been exhausted

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Attendance and leave accommodations (cont)

- Ability to access short-term disability leave in order to access medical care once my PTO and vacation allotments have been exhausted
- Ability to take job-protected unpaid leave in order to access medical care once all paid leave avenues have been exhausted



Break accommodations

My condition requires several treatments that must be taken at specific times of the day. These treatments must also often be taken with food. Should my treatment schedule not align with typical break times for my position (e.g., lunch break), I request the following accommodations:

- Additional break time: _____ minutes beginning at _____ (am pm) daily
- Access to a private, clean space to attend to treatments
- Access to a secure refrigerator to keep treatments and food at the appropriate temperature
- My condition also requires that I have access to a bathroom at all times

If you need any additional information or would like to schedule a meeting, please let me know.

Thank you for your understanding. I look forward to working with you.

Best regards,

Phone: _____ **Email:** _____

Emergency contact: _____

