

Date:

Name:

Address:

Employer's Name:

Employer's Address:

Dear (e.g. supervisor, manager, human resources, personnel):

- Identify yourself as a person with a hearing loss
- State that you are requesting accommodations under the Americans with Disabilities Act of 1990 (or the Rehabilitation Act of 1973 if you're a Federal employee)
- Identify your specific problematic job tasks
- Refer to attached, current audiological results (good to include Speech in Noise testing if possible)
- Identify your accommodation idea (take this opportunity to also describe your hearing care professionals Roger system recommendation – this should be echoed on the audiological exam results)
- Request your employer's accommodation ideas
- Ask that the employer respond to your request in a reasonable amount of time

Sincerely,

Signature

Printed name