

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Company/Organization Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Appeal for WDAC Decision

I hope this letter finds you well. I am writing to formally appeal the decision regarding the WDAC (Workplace Disability Accommodation Committee) made on [date of decision]. I appreciate the time and consideration that has gone into reviewing my request, but I believe that additional information may warrant a reconsideration of my case.

[Briefly explain the nature of your original request, including any relevant details that support your need for accommodation.]

Since the decision, I have [mention any changes, developments, or further evidence that supports your case]. I believe these new factors are crucial in understanding my situation and the necessity for the requested accommodations.

I kindly request a review of my case in light of this new information. I am keen to discuss this further and hope to reach a resolution that ensures my ability to [describe the impact of the accommodation on your work/life].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Job Title/Position, if applicable]