

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

Dear [Recipient's Name],

I am writing to request accommodations related to my sleep apnea condition, which I have been diagnosed with. This condition affects my daily functioning and requires specific adjustments to support my health and productivity.

I have discussed my situation with [Buddy's Name], who has kindly offered to provide assistance as my accommodation buddy. Together, we believe that implementing the following accommodations will significantly enhance my ability to perform my duties effectively:

1. [Accommodation Request #1 - e.g., flexible work hours]
2. [Accommodation Request #2 - e.g., the option to work remotely occasionally]
3. [Accommodation Request #3 - e.g., a designated space for rest or relaxation during breaks]

I appreciate your understanding and support regarding this matter and am hopeful for a positive response. Please feel free to contact me if you need any further information or clarification.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]  
[Your Job Title]  
[Your Department]