[Name]

[Address]

[City, State, Zip]

[Company Name]

[Address]

[City, State, Zip]

[Date]

Dear [Line Manager/HR],

As you know I am [insert role/title]. Most notably, I am tasked with [insert job description]. Essential to this role are [choose from the following: small/large group meetings, seminars, conference calls, video calls, other]. The aforementioned duties are essential to my job function, and have become very challenging to participate in due to my [describe hearing loss]. I currently wear well fit [describe hearing aid make, model, style etc]. Despite this, it has become obvious my hearing aids alone have not mitigated my difficulties brought forth by the distance and or noise levels that are byproduct of [reiterate difficult situations from above].

At this time I am requesting additional assistive listening accommodations under the Americans with Disabilities Act of 1990.

On [insert date] I had my hearing re-tested to confirm my hearing status and programming of my hearing aids. Please refer to attached, current audiological results. Included in these results are my doctor’s professional recommendation for additional assistive devices to alleviate my difficulties described above.

I welcome your accommodations request feedback and would kindly request you respond to this request in a reasonable timeframe.

Sincerely,

[Print Name]