

PREGNANT WORKER ACCOMMODATION REQUEST

SECTION I – FOR COMPLETION BY EMPLOYEE. You may, but are not required, to use this form to request a reasonable accommodation for a limitation related to, affected by, or arising out of pregnancy, childbirth, or related medical condition. If you request a reasonable accommodation and choose to not complete this form, your agency’s Reasonable Accommodation Coordinator may contact you to gather this information. If you choose to complete this form, please answer each item in Section I and return it to your agency’s Reasonable Accommodation Coordinator or other designated official. The Accommodation Coordinator or other designated official may request additional information allowed by law as part of the interactive process. For further information, refer to Civil Service Regulation 1.04, “Reasonable Accommodation.” The Reasonable Accommodation Coordinator or other designated official will notify you if the information in Section II is needed. Notification of approval or disapproval will be provided in writing.

1. Name	2. Employee’s Identification Number	3. Department/Agency
4. Working Title	5. Civil Service Classification	6. Bargaining Unit
7. Work Address (home address if on leave)		8. Telephone Numbers Work: Home:
9. Describe your current job duties requiring an accommodation because of a limitation related to pregnancy, childbirth, or related medical condition.		
10. Describe the limitations related to pregnancy, childbirth, or related medical condition for which you are requesting an accommodation.		
11. Describe any accommodations that you believe would minimize or eliminate the limitations listed above.		
12. If you are unable to perform one or more of your job duties because of pregnancy, childbirth, or a related medical condition even with an accommodation, identify these duties and the estimated duration of your inability to perform them.		
13. Date Submitted	14. Name and phone number of Immediate Supervisor	15. Employee’s Signature

SECTION II: FOR COMPLETION BY MEDICAL PROVIDER IF REQUESTED BY EMPLOYER. If requested by the employer, this section should be signed by an employee's medical or health care provider.

Instructions for the Medical or Health Care Provider: An individual has a limitation related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition if they have a physical or mental impediment, has a need or a problem related to maintaining their health or the health of the pregnancy, or is seeking health care related to pregnancy, childbirth, or a related medical condition. The following may help us determine your patient's eligibility for a reasonable accommodation. Please fully answer all applicable parts, based on your medical knowledge, experience, and examination of this patient. Please review the patient's position description before completing this form. Please attach additional sheets if needed. When completed, please sign and return the form to the patient to submit to their employer.

1. Health Care Provider's Name, Specialty, and Business Address

2. Telephone Number

3. Does the employee have a limitation related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition? Yes No

4. If the answer to number 3 is Yes, what is the limitation?

5. What job functions or benefits and privileges of employment is the employee limited in performing or accessing because of the limitations?

6. How do the limitations interfere with the employee's ability to perform a job function?

7. What is the expected duration of the employee's limitations?

8. Provide any suggestions you have regarding possible accommodations. If leave is a possible accommodation, please provide an estimated duration for the leave.

9. Medical Provider's Signature

10. Date

INSTRUCTIONS TO COMPLETE THE PREGNANT WORKER ACCOMMODATION REQUEST FORM

(Consult your agency's accommodation coordinator or other designated official for assistance, if necessary.)

Questions

Instructions

- Questions 1-8 Complete all applicable personal information.
- Question 9 Describe which job duties you are (or anticipate) having difficulty performing because of limitations related to pregnancy, childbirth, or related medical condition.
- Question 10 Describe the limitations related to pregnancy, childbirth, or related medical condition that interfere, or may interfere, with performing your job's duties.
- Question 11 Describe the accommodation you are requesting. Please provide alternative accommodation suggestions, where possible. Include past accommodations, if relevant, and any specific information relating to cost, source, name of device, etc., that you may have.
- Question 12 If you will be unable to perform any of your job's duties because of the limitations described in 10, describe the duty or duties and the estimated amount of time you will not be able to perform them.
- Question 13 Enter the date you submit this completed form.
- Question 14 Enter the name and phone number of your immediate supervisor.
- Question 15 Sign the form. If you are unable to sign the form, your designated representative may sign on your behalf.

FILING BY EMPLOYEE

If choosing to use this form, complete section I and submit the signed original to your agency's accommodation coordinator or other designated official. **Do not have Section II completed unless your accommodation coordinator asks for this additional medical information.**

RESPONSE TIME

You should receive a response to your request without unnecessary delay. If further information or clarification is required, the accommodation coordinator or other designated official will begin an interactive process with you. The accommodation coordinator may request additional medical information if necessary and reasonable under the law. If necessary, follow up with your accommodation coordinator or other designated official.

APPEAL

If you are dissatisfied with the final response of the accommodation coordinator or the accommodation coordinator fails to issue a final response without unnecessary delay, you may appeal through the appropriate departmental process, grievance procedure, or take other action as authorized by law.

CONFIDENTIALITY

Information in your request will be held confidential to the extent allowed by law. Information obtained or generated in processing your request may be released to individuals or agencies participating in the evaluation of your request.