

RESPONSE TO PREGNANT WORKER ACCOMMODATION REQUEST

This form must be completed after an employee has requested a reasonable accommodation for a limitation related to, affected by, or arising out of pregnancy, childbirth, or related medical condition. An agency's Accommodation Coordinator (or other designated official) must complete Part A and send a copy to the requesting employee without unnecessary delay.

| PART A: ACCOMMODATION COORDINATOR'S RESPONSE TO REQUEST FOR ACCOMMODATION | |
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| 1. Accommodation Coordinator's Name | 2. Coordinator's Title |
| 3. Agency | 4. Date Request Received |
| 5. Employee's Name | 6. Employee's Identification Number |
| 7. Interim Reasonable Accommodation (Describe any interim reasonable accommodation offered by the employee's immediate supervisor and whether any such offered accommodation was provided) | |
| 8. Final Disposition of Request (Describe the request received and the interactive process performed. Check the appropriate box or boxes and then explain the action in detail. See instructions.) <input type="checkbox"/> Employee's Requested Accommodation APPROVED <input type="checkbox"/> Alternative Effective Accommodation Offered, and (check one): <input type="checkbox"/> Accepted by Employee <input type="checkbox"/> Rejected by Employee <input type="checkbox"/> Employee's Requested Accommodation DENIED | |
| Accommodation Coordinator's Signature | Date |
| PART B: EMPLOYEE'S ACKNOWLEDGMENT (When completed, return to Accommodation Coordinator.) | |
| I acknowledge receipt of this response and I <input type="checkbox"/> AGREE <input type="checkbox"/> DISAGREE (If you disagree, please explain and attach any necessary documentation.) | |
| Employee's Signature | Date |

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INSTRUCTIONS FOR COMPLETING THE FORM

PART A: To be completed by the agency's Accommodation Coordinator or designee.

| <u>Fields</u> | <u>Instructions</u> |
|---------------|---|
| Fields 1-6 | Self-explanatory. |
| Field 7 | Describe any interim accommodation that the employee's supervisor offered or implemented before the final decision was issued. The supervisor must inform the accommodation coordinator of any interim accommodation offered and whether it was accepted. |
| Field 8 | Describe the agency's decision on the employee's request for an accommodation. Describe the request received, the interactive process performed, and: <ul style="list-style-type: none">A. If the employee's requested accommodation is <i>approved</i> or an alternative effective accommodation is offered that the employee accepts, check the box for "Employee's Requested Accommodation APPROVED," <u>or</u> the boxes for "Alternative Effective Accommodation Offered" and "Accepted by Employee," <u>and</u> "Employee's Requested Accommodation DENIED." Describe, at minimum: the accommodation approved, including any equipment or services to be provided and any training necessary; how the approved accommodation addresses limitations related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition; when the accommodation takes effect; and the expected duration of the accommodation.B. If the employee's requested accommodation is denied and the employee rejects an offered alternative effective accommodation, check the boxes for "Alternative Effective Accommodation Offered" and "Rejected by Employee," <u>and</u> "Employee's Requested Accommodation DENIED." Describe, at minimum the accommodation requested, the accommodation offered, how the offered accommodation would address limitations related to, affected by, or arising out of pregnancy, childbirth, or a related medical condition, and why the requested accommodation is denied.C. If the employee's requested accommodation is denied and no alternative effective accommodation is offered, check the box for "Employee's Requested Accommodation DENIED" and describe in detail the reasons for denying the request. |

After completing Part A, the Accommodation Coordinator or designee sends a copy of the completed form to the employee.

PART B: To be completed by the employee. The employee should review Part A and indicate agreement or disagreement with the final decision. If the employee disagrees with the final decision, the employee may provide an explanation and any necessary documentation to substantiate disagreement.

Upon completing Part B, the employee keeps a copy and returns the signed copy of the Response to Pregnant Worker Accommodation Request (and any attached documentation) to the agency's Accommodation Coordinator or designee.

NOTICE TO EMPLOYEE: Appeal of accommodation decision.

If an employee is dissatisfied with the Accommodation Coordinator's final response or the Accommodation Coordinator fails to issue a final response without unnecessary delay, the employee may appeal through the appropriate grievance process or take other action authorized by law.