

PREGNANCY, CHILDBIRTH, LACTATION, RELATED MEDICAL CONDITIONS

## Reasonable Accommodation Request Form

*As an employee of [Company], you may request changes that you need at work to meet your needs related to your pregnancy, childbirth, lactation, or related medical conditions. You do not have to submit your request for a reasonable accommodation in writing, but doing so will help us understand your limitations to provide an accommodation that meets your needs. For more information, please see the Pregnancy Policy.*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

### **Limitation**

*A limitation is a physical or mental condition, an impediment, or a problem, such as needing to rest, reduce risk, or alleviate pain. The limitation(s) may be modest, minor, or episodic, such as nausea or fatigue. It also can be related to maintaining your health or the health of your pregnancy (if applicable), such as obtaining healthcare. You are not required to identify your symptoms or provide a diagnosis.*

What limitation(s) do you have?

Is your limitation related to pregnancy, childbirth, lactation, or a related medical condition?

Yes  No

### **Requested Accommodation**

What accommodation(s) are you requesting?

Proposed start date: \_\_\_\_\_ Anticipated end date: \_\_\_\_\_

Please provide any additional information you think would be helpful for deciding an accommodation that meets your needs:

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*Thank you. You will receive a prompt response, usually in less than 48 hours. If necessary, we will set up a time with you to discuss accommodation options. If you need an accommodation immediately, please contact \_\_\_ in Human Resources at [phone] and [email].*