Division of
CIVIL AND
INDIVIDUAL RIGHTS

Pregnancy Accommodation Request Form

Employee Name:	**Employee Phone:**
Supervisor:	**Supervisor Phone:**
Department:	**Position:**

1. In general, indicate your pregnancy, childbirth, or related medical condition(s) that limit(s) your ability to perform a function related to your job.

2. Describe how your medical condition limits your ability to perform the essential functions of your job. Please use your job description to identify the essential functions affected specifying how the medical condition impairs your ability in each instance.

3. List and describe the accommodation(s) you are proposing.

4. Explain how the proposed accommodation(s) will enable you to perform the essential functions of your job. Please be specific.

5. Please add any comments or information you believe may be helpful in consideration of your request. (Please visit the accommodations resource guide for additional information)

Employee Signature:	**Date:**