Human Resources

UNIVERSITY OF WYOMING

Pregnancy Related Accommodation Request for Employees

The University of Wyoming is committed to providing reasonable accommodations to qualified employees and applicants due to pregnancy, childbirth or related medical conditions, under the Pregnant Workers Fairness Act. The purpose of this form is to assist the University in determining whether, or to what extent, a pregnancy accommodation can be granted.

Date:	Name:	Email:
Position:	Department:	Phone:
Supervisor's Name:	Supervisor's Title:	Supervisor's Email:

Employee Status: Choose from list

Due Date [if applicable]:

Accommodations that do not require medical certification

Please let your supervisor and Human Resources know if you need any of the following accommodations.

- Frequent, longer, or flexible restroom breaks
- Modification of food or drink policy
- Allow for sitting or more frequent sitting
- Limit lifting over 17 pounds

Accommodations that may require medical certification

Please describe the reasonable accommodation you are requesting: (check all that apply)

☐ Leave for health care appointments or to recover from childbirth or other medical conditions related to pregnancy or childbirth. Please describe:

☐ Light duty or change in work schedule. Please describe:

☐ Job restructuring or temporary transfer to a less strenuous or hazardous position. Please describe:

☐ Purchasing or modifying work equipment, such as chairs. Please describe:

☐ Other Accommodation(s). Please describe:

Please indicate the date the accommodation(s) will become necessary and the length of the accommodation needed, if known:

How do your requested accommodations relate to your ability to successfully complete your position's essential job functions?

Is this a chronic medical condition or medical disability as a result of, or exacerbated by, pregnancy or childbirth? Yes☐ No☐ If you marked yes, you may also be eligible for accommodations pursuant to the ADA accommodation/s process. Human Resources will discuss this with you during the interactive process.
Please provide any additional relevant information to your situation, if any, you would like considered when the University reviews your request:

You may be asked to further clarify the information that you have provided on this form. Without complete documentation, the Human Resources Office may not be able to adequately respond to this request.

Employee Signature: _____ Date: _____

Completed form can be sent to the Benefit office located in Hill Hall room 339, or emailed to ada@uwyo.edu.

HR Office Use Only
Date Received: