



## **PREGNANCY ACCOMMODATION REQUESTS**

As a direct supervisor, you are required to provide reasonable accommodations for many common conditions associated with pregnancy. The Pregnant Workers Fairness Act (PWFA) and its regulations say employers must approve requested accommodations like schedule changes due to morning sickness, for prenatal doctor's appointments, permission to sit while working, additional snack and water breaks, bathroom breaks and permission to carry water or food without a formal request or HR involvement.

We cannot require medical certifications or doctor's excuses for commonly understood conditions associated with pregnancy nor can we require that those requests be put into writing. That does not mean, however, that we can't document such requests and the accommodations granted. Therefore, we have created a form for supervisors to complete *after* you have responded to the accommodation request. The form should be submitted within no more than five business days.

### **PREGNANCY ACCOMMODATION REPORTING FORM**

**Applicant or Employee's Name:**

**Date of Request:**

**Email Address:**

**Telephone Number:**

**Employee's Position:**

**Duty Location:**



- 1. Please describe the employee's pregnancy reasonable accommodation request. What is the accommodation or modification sought?**
  
  
  
  
  
  
  
  
  
  
- 2. Please describe how the employee requested the accommodation (i.e. in person, via email or message, via phone etc.)**
  
  
  
  
  
  
  
  
  
  
- 3. Please describe any discussions you had with the employee about the accommodation request, noting the date of those discussions.**
  
  
  
  
  
  
  
  
  
  
- 4. If the employee described specific accommodations, please list them here.**

#### **Accommodation Decision**

Accommodation: Schedule change due to morning sickness

- Approved as requested
- Approved but different from the original request
- Denied



Accommodation: Permission to sit rather than stand

- Approved as requested
- Approved but different from the original request
- Denied

Accommodation: Time off for prenatal medical care

- Approved as requested
- Approved but different from the original request
- Denied

Accommodation: Additional breaks for meals or bathroom breaks

- Approved as requested
- Approved but different from the original request
- Denied

Accommodation: Permission to park closest to building

- Approved as requested
- Approved but different from the original request
- Denied

Accommodation: Temporary removal of an essential function (consult HR)

- Approved as requested
- Approved but different from the original request
- Denied



Accommodation: Other. Please be specific: \_\_\_\_\_

- Approved as requested
- Approved but different from the original request
- Denied

**Identify the accommodation provided.**

**If the approved accommodation is different from the one originally requested, explain the basis for denying the original request.**

**If an alternative accommodation was offered, indicate whether it was:**

- Accepted
- Rejected

**NOTE: You cannot substitute unpaid time off for a reasonable accommodation that would allow the pregnant worker to earn a paycheck.**



**If it was rejected, state the basis for the employee's rejection.**

**If the accommodation is denied, and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation. Be specific.**

**NOTE: Before denying an accommodation request, the supervisor must discuss the request with HR.**

**Supervisor's signature and date:**