

University Staff or Academic Employee Pregnancy Accommodation Request

The University of Washington provides accommodations for employees who are pregnant. For detailed information on the accommodation request process, please see the Pregnancy Accommodation web page on the University Human Resources website at:

<http://hr.uw.edu/policies/pregnancy-accommodation>

Medical records are confidential and are maintained in the Academic or Staff Human Resource offices and/or Disability Services Office, **not** in departmental files.

University Employees include: student employees, professional, classified non-union and contract-classified staff, temporary and fixed term staff (salaried or hourly paid), and all other non-academic employees.

If you have questions regarding accommodation, please contact your Human Resource Consultant or the Disability Services Office

DISABILITY SERVICES OFFICE	HUMAN RESOURCES OPERATIONS OFFICES									
	CAMPUS HR OPERATIONS	MEDICAL CENTERS HR OPERATIONS								
206-543-6450 (v); 206-543-6452 (tty); 206-685-7264 (fax) Box 354560	206-543-2354 (v) 206-685-0636 (fax) BOX 359532	<table style="width: 100%; border: none;"> <tr> <th style="width: 50%; text-align: center;">HMC</th> <th style="width: 50%; text-align: center;">UWMC</th> </tr> <tr> <td style="text-align: center;">206-744-9220 (v)</td> <td style="text-align: center;">206-598-6116 (v)</td> </tr> <tr> <td style="text-align: center;">206-744-9955 (fax)</td> <td style="text-align: center;">206-598-4610 (fax)</td> </tr> <tr> <td style="text-align: center;">BOX 359715</td> <td style="text-align: center;">BOX 356054</td> </tr> </table>	HMC	UWMC	206-744-9220 (v)	206-598-6116 (v)	206-744-9955 (fax)	206-598-4610 (fax)	BOX 359715	BOX 356054
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206-744-9955 (fax)	206-598-4610 (fax)									
BOX 359715	BOX 356054									

Academic Personnel: faculty, librarians, research associates, senior fellows, medical residents, or other academic personnel, if you have questions regarding accommodation, please contact the Disability Services Office, or one of the other resources below:

CONTACTS	
General Information :	Disability Services Office 206-543-6450 (v); 206-543-6452 (tty); 206-685-7264 (fax) Box 354560
Residents and Senior Fellows in School of Medicine:	Graduate Medical Education Office 206-543-6806 (v) Box 358047
Faculty, Librarians, graduate students and all other academic employees:	Academic Human Resources 206-543-5630 (v) Box 351270

To request this form or other accommodation related materials in an alternate format, or to request an interpreter or other accommodation during the accommodation process, please contact the Disability Services Office, 206-543-6450 (voice), 206-543-6452 (tty), or dso@u.washington.edu.

PREGNANCY ACCOMMODATION REQUEST

EMPLOYEE: To request accommodation, **print, complete, sign, and return** this form to the **Disability Services Office, Roosevelt Commons West, 4300 Roosevelt Way NE, Seattle, WA 98105-4960, or Box 354960 (campus mail) or FAX: 206-685-7264. Contact the Disability Services Office, dso@u.washington.edu, Box 354560, 206-543-6450 (v), 206-543-6452 (tty) if you have questions about completing this form.**

RECEIVING DEPARTMENT: For questions regarding accommodation requests for non-academic personnel, contact your Human Resources Consultant. For questions regarding requests from academic personnel, contact: Academic Human Resources; Residents/Fellows in the School of Medicine – Graduate Medical Education Office.

SECTION I – EMPLOYEE INFORMATION					
Last Name:	First Name:	MI:	Email:	Employee ID Number: --	
Department:	Box Number:	Job Title:		Phone:	Work Location/Building:
Name of Immediate Supervisor:	Supervisor's Email:		Supervisor's Phone:	Supervisor's Box Number:	
SECTION II – REQUEST INFORMATION					
<p>The four accommodations below do not require medical documentation. If you are requesting any of these please advise your supervisor. If you do not feel comfortable speaking with your supervisor, contact your HRC or DSO.</p> <ul style="list-style-type: none"> Frequent, longer, or flexible restroom breaks Modification of food or drink policy Allow for sitting or more frequent sitting Limit lifting to 17 lbs or less 					
<p><input type="checkbox"/> Parking or Transportation.</p> <p style="padding-left: 20px;"><input type="checkbox"/> Disability parking permit. If you have WA State disability parking tags, indicate tag number _____ and expiration date _____</p> <p style="padding-left: 20px;"><input type="checkbox"/> Alternate transportation (Dial-A-Ride)</p>					
<p>The accommodations listed below may require medical documentation to approve:</p>					
<p><input type="checkbox"/> Job restructuring, modifying a work schedule, job reassignment, changing a work station, or providing equipment. Please describe:</p>					
<p><input type="checkbox"/> Temporary transfer to a less strenuous or hazardous position. Please describe:</p>					
<p><input type="checkbox"/> Flexibility for prenatal visits. Please describe:</p>					
<p><input type="checkbox"/> Other accommodation(s). Please describe:</p>					
Employee Signature: _____			Date: _____		Home Phone: _____