

Pregnancy Accommodation Request for Employees

The University of Washington provides accommodations for employees who are pregnant or nursing. Information about these accommodations can be found on the UWHR website at <http://hr.uw.edu/policies/pregnancy-accommodation>.

If you have questions regarding pregnancy or nursing accommodations, please contact your HR Consultant (HRC) or Medical Center leave specialist at the appropriate office below.

HUMAN RESOURCES OFFICES	
CAMPUS HR OPERATIONS 206-543-2354 (v) 206-685-0636 (fax) BOX 359532	MEDICAL CENTERS HR OPERATIONS HMC 206-744-9220 (v) 206-744-9955 (fax) BOX 359715 UWMC 206-598-6116 (v) 206-598-4610 (fax) BOX 356054

ACADEMIC HR	GRADUATE MEDICAL EDUCATION OFFICE
206-543-5630 (v) (206) 221-4622 (f) apleaves@uw.edu Box 351270	206-543-6806 (v) uwgme@uw.edu Box 358047

PREGNANCY ACCOMMODATION REQUEST FOR EMPLOYEES

EMPLOYEE: Print, complete, sign, and return this form to the Disability Services Office, Roosevelt Commons West, 4300 Roosevelt Way NE

The accommodations listed below do not require this form or medical certification. Please contact your supervisor directly for these accommodations, or your HRC if you prefer their support.

- 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
- Provide reasonable break time to express breast milk for two years after the child's birth
- Access to lactation station

Note: Medical records are confidential and are maintained in the Academic or Staff Human Resource offices and/or the Disability Services Office. Medical documentation should **not** be submitted within your department and are not maintained in departmental files. You or your medical provider should submit medical certification directly to the appropriate office provided on the opposite side of this form.

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>Parking or Transportation</p> <p style="margin-left: 40px;">Disability parking permit If you have WA State disability parking tags, indicate tag number and expiration date</p> <p style="margin-left: 40px;">Alternate transportation (Dial-A-Ride)</p>				
The accommodations listed below may require medical documentation to approve:				
Job restructuring, modifying a work schedule, job reassignment, changing a workstation, or providing equipment. Please describe:				
Temporary transfer to a less strenuous or hazardous position. Please describe:				
Flexibility for prenatal visits. Please describe:				
Other accommodation(s). Please describe:				
Employee Signature:			Date:	Home Phone:

If you have any questions regarding this form, require related materials in an alternate format, or to request an interpreter or other resources, please contact the Disability Services Office: 206-543-6450 (voice), 206-543-6452 (TTY), or dso@u.washington.edu.