



HUMAN RESOURCES

UNIVERSITY of WASHINGTON

Disability Services Office

Pregnancy-Related Accommodation Request (PAR)

Employee Form

Overview

The University of Washington provides reasonable accommodation for known limitations due to pregnancy, childbirth, and related medical conditions as described in [UW APS 46.7](#). For detailed information on the accommodation request process and to locate your accommodation specialist, please review the [accommodation for pregnancy and related medical conditions](#) webpage.

The accommodations listed below do not require this form or medical certification. Please contact your manager directly regarding these accommodations, or contact your assigned accommodations specialist for support:

- Providing more frequent, longer, or flexible restroom breaks
- Modifying a no food or drink policy
- Providing seating or allowing more frequent sitting if the job requires standing
- Modifying lifting limits of greater than 17 pounds
- Providing reasonable break time to express breast milk as necessary after a child's birth and having access to a lactation space for up to 24 months

If you believe additional accommodations are needed, a health care provider statement (HCPS) explaining the need for reasonable accommodation may be required. Medical records are confidential and are maintained in Human Resources and the DSO, not in department files.

If you have questions regarding this form, require related materials in an alternate format, or to request an interpreter or other resource, please contact the DSO at 206-543-6450 (voice), or dso@uw.edu.

Routing Instructions

Complete and submit this form to the Disability Services Office at dso@uw.edu; 4320 Brooklyn Ave NE, Seattle, WA 98195-4560 (USPS) or Box 354560 (campus mail); FAX: 206-685-7264.

Revised: 4/30/2025

Disability Services Office | DSO@uw.edu

Employee Information

1. Name (Last, First, MI):
2. Employee ID:
3. Department name:
4. Supervisor's name:

Employee accommodation request and supporting information

- ☐ Disability parking with a Washington state permit. If yes, please submit a copy of your wallet card to DSO. If you have submitted a copy of your wallet card, there is no need to submit further medical information for a parking accommodation.
 - WA state disability parking tag number:
 - WA state disability tag expiration date:
- ☐ Disability parking without a Washington state disability parking permit.
 - Requested from: _____ to: _____
- ☐ Alternative transportation (Dial-A-Ride)
 - Duration requested: _____ Short term (less than 6 weeks) _____ Long term _____

The following accommodations may require a health care provider statement to approve:

- ☐ Job restructuring, modifying a work schedule, job reassignment, changing a workstation, or providing equipment. Please describe:
 - Requested from: _____ to: _____
- ☐ Temporary transfer to a less strenuous or hazardous position. Please describe:
 - Requested from: _____ to: _____

- ☐ Flexibility for prenatal visits or other health care provider visits related to pregnancy. Please describe:

- Requested from: to:

- ☐ Other accommodation. Please describe:

Employee signature and date: