

Pregnancy Accommodation Request for Employees

Pursuant to Title IX of the Education Amendments of 1972 and the Pregnant Workers Fairness Act ("PWFA"), Blinn College is committed to providing reasonable workplace accommodations for employees and applicants whose ability to perform job duties is limited because of pregnancy, childbirth, breastfeeding, or a related medical condition.

Blinn College maintains policies on non-discrimination such as pregnancy which is a factor prohibited by law. As set forth in those policies, the College is sensitive to accommodating its current and prospective employees who are pregnant or might become pregnant, unless the accommodation will cause an undue hardship to the department and/ or institution. The purpose of this form is to assist the College in determining what type of accommodation can be granted, and to what extent.

* Indicates required question

*Email: _____

*Name/ BID Number: _____

*Job Title: _____

*Department: _____

*Phone: _____

*Supervisor's Name: _____

*Employee Status: _____ Faculty _____ Staff _____ Student Employee

*Identify the specific accommodation you are requesting:

_____ More frequent or longer breaks
Please specify the need: _____

_____ A private, non-bathroom space for expressing breast milk

_____ Light duty or a modified work schedule

Please be specific: _____

_____ Temporary transfer of duties

_____ Time off to recover from childbirth

Please also submit [Request for Family Medical Leave](#)

_____ Purchase or modify work equipment

State requested equipment _____

_____ Relocate your work area
State your request: _____
_____ Refrain from heavy lifting
_____ Other, please state: _____

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

Please provide a brief explanation of the related medical condition and how the specific accommodation will assist you in performing the essential duties of your position:

State the name of your health care provider and contact information:

Note: Blinn College may require certification from a health care provider indicating that an accommodation is advisable. Human Resources has created a Medical Inquiry form to engage your health care provider in the interactive process to ascertain the need for the requested accommodation.

For Human Resources Use Only:

Date Received: _____

Received by: _____

Healthcare Certification Requested: _____ Yes _____ No

If yes, date received: _____

Approved Accommodation: _____ Yes _____ No

Type of approval:

Dates of approved accommodation(s):
