

### Pregnancy Accommodation Request Form

The State of Colorado requires employers to provide reasonable accommodations to employees for health conditions related to pregnancy or physical recovery from childbirth. Examples of reasonable accommodations include but are not limited to: more frequent or longer breaks, obtaining or modifying equipment or seating, temporary transfer to a less strenuous or hazardous position, if available (with return to the current position after pregnancy) light duty (if available), limiting lifting, assistance with manual labor, or modified work schedules

CONTACT INFORMATION	
<b>Name:</b>	<b>Date of Request:</b>
<b>EID:</b>	<b>Title:</b>
<b>Department/Unit:</b>	<b>Immediate Supervisor or Supervising Faculty Member:</b>
<b>Primary Email Address:</b>	

Additional Information & Supplemental Documents
<p><b>In some cases, the University will need to obtain additional information and/or documentation about your condition. This may include documentation from your doctor or other medical provider. If requested, can you provide documentation to support your request and need for the accommodation?</b></p> <p>YES <input type="checkbox"/>      NO <input type="checkbox"/></p>

Parking related requests:
<p>Is your request for accommodation a parking accommodation request? YES <input type="checkbox"/>      NO <input type="checkbox"/></p> <p><b>In order to receive a parking accommodation you must have a current parking plan. What is your current parking permit level (if you do not know about your permit, what lot do you typically park in)?</b></p>

1. Please describe how your pregnancy or pregnancy related condition limits you in performing your job duties:

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2. Please describe the accommodation you are requesting:

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I certify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is unreasonable and/or if it creates an undue hardship on my employer.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

When complete, please email to [HR.ADACoordinator@cuanschutz.edu](mailto:HR.ADACoordinator@cuanschutz.edu)

Please contact the ADA Coordinator at [HR.ADACoordinator@cuanschutz.edu](mailto:HR.ADACoordinator@cuanschutz.edu) if you have any questions.