



PREGNANCY OR PREGNANCY RELATED CONDITION ACCOMMODATION REQUEST FORM

The University of Utah is committed to nondiscrimination, diversity and inclusiveness of all individuals. This form is to be used when a staff member is seeking an accommodation because their pregnancy or pregnancy related condition conflicts with their work environment.

Instructions: In order for your request to be processed properly, please fill out the sections below completely. Please submit this completed form to the University of Utah Human Resource Management.

University of Utah Human Resource Management

250 East 200 South, Suite 125

Salt Lake City, UT 84111

801-581-2169

801-585-7375 (FAX)

HRACCOMMODATIONS@UTAH.EDU

CONTACT INFORMATION	
Name:	Date of Request:
UID:	Staff/Faculty: Job Title:
Department/Unit:	Immediate Supervisor or Supervising Faculty Member:
Mailing Address:	Phone: _____ Cell/Home _____ Work
Primary Email Address*: *Your primary email address will be used for all HR Correspondence. If one is not provided, correspondence will be mailed to your Home/mailing address.	

ACCOMMODATION INFORMATION	
Identify how your pregnancy or pregnancy related condition limit you in performing your job duties.	

Identify requested accommodation (e.g., light duty, telecommuting, additional break time, etc.).	
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*If necessary, please attach additional information on separate sheet.

ADDITIONAL INFORMATION & SUPPLEMENTAL DOCUMENTS

In some cases, the University of Utah 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? YES NO

Are you attaching any supporting documentation to this request, such as medical provider's note? YES NO

If yes, please list the documents below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

SUMMARY OF NEXT STEPS

1. This request will be reviewed by Human Resources.
2. You will be notified, in writing of the decision regarding the request.

CERTIFICATION

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: _____