

**WASHINGTON STATE UNIVERSITY**  
**Pregnancy Accommodation Request**  
**EMPLOYEE REQUEST**

Please return form to: Human Resource Services (HRS)  
 Electronic (scan or photo): [HRS.Disabilityservices@wsu.edu](mailto:HRS.Disabilityservices@wsu.edu)  
 OR Fax: 509-241-9090  
 Office Location: 139 French Administration Bldg.  
 OR Mailing address: PO Box 641014, Pullman, WA 99163  
 Questions? Call HRS at: 509-335-4521

Use this form to submit a request for a Pregnancy Accommodation. Return this form to the Human Resource Services Pullman office along with any necessary supporting documentation as described below.

<b>A   EMPLOYEE INFORMATION (Please Print)</b>	
Name (Last, First, MI)	WSU ID #
Home Mailing Address (Street/PO Box, City, State, Zip Code)	
Personal Email	Personal Phone

<b>B   REQUEST INFORMATION</b>
Accommodations that do not require medical certification
Please contact your supervisor or Human Resource Services for these accommodations. <ul style="list-style-type: none"> <li>• Frequent, longer, or flexible restroom breaks</li> <li>• Modification of food or drink policy</li> <li>• Allow for sitting or more frequent sitting</li> <li>• Limit lifting over 17 lbs.</li> </ul>

Accommodations may require medical certification
<input type="checkbox"/> Job restructuring, including modifying a work schedule, job reassignment, changing a workstation, or providing equipment. Please describe:
<input type="checkbox"/> Temporary transfer to a less strenuous or hazardous position. Please describe:
<input type="checkbox"/> Flexibility for prenatal visits. Please describe:
<input type="checkbox"/> Other accommodation(s). Please describe:

*Post-birth accommodations related to the expression of breast milk may be available for up to two (2) years post pregnancy. If you believe you may need such accommodations, please contact HRS Disability Services.*

<b>C   EMPLOYEE ACKNOWLEDGMENT</b>	
I understand it may be necessary for WSU representatives to share this information for purposes related to establishing an accommodation. I authorize WSU to share this information among appropriate staff and authorized representatives to the extent necessary to determine whether pregnancy accommodations may be made and to administer the Pregnancy Accommodation process. I understand information obtained under this release may be a confidential medical record and is maintained separately from my personnel file.	
Employee Signature	Date