



# Pregnancy Reasonable Accommodation Request Form

Please use this form if:

- You are an intern, employee, or elected official working for the City of Portland **and**
- You would like to request an accommodation because of a pregnancy, childbirth, or a related medical condition (including lactation).

## Employee Information

Name \_\_\_\_\_

Job Title / Classification \_\_\_\_\_

Bureau \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Do you have a City of Portland email address?      Yes       No

How would you prefer to be contacted?      Email       Phone

Which days do you normally work?    Mon     Tues     Wed     Thurs     Fri     Sat     Sun

The best time of day to contact you is:      Mornings       Afternoons       Anytime

## Accommodation Request Information

1. Enter today's date: \_\_\_\_\_



2. What is your requested accommodation(s), including for how long you think you will need the accommodation?
  
  
  
  
  
  
  
  
  
  
3. Briefly describe the reason for this accommodation. What would you have a difficult time doing at your job without an accommodation?

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Next Steps**

Complete and return this form through email, interoffice mail, or in-person delivery to your Bureau's Human Resources Business Partner.

- Your HR Business Partner will confirm that they have received your request for a Pregnancy Reasonable Accommodation.
- You may be asked additional questions about your accommodation needs.
- You may be asked to provide medical documentation regarding your need for accommodation.