



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 an individual is seeking an accommodation because their pregnancy or pregnancy related condition conflicts with their work environment or academic requirements.

Instructions: In order for your request to be processed properly, please fill out the sections below completely. Please submit this completed form to the Office of Equal Opportunity and Affirmative Action (OEO/AA).

OFFICE OF EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION
 383 University Street, Level 1 OEO Suite
 Salt Lake City, UT 84112
 801-581-8365
 801-585-5746 (FAX)
OEO@UTAH.EDU

CONTACT INFORMATION	
Name:	Date of Request:
UID:	Staff/Student/Faculty: Job Title:
Department/Unit:	Immediate Supervisor or Supervising Faculty Member:
Mailing Address:	Phone: <div style="border-bottom: 1px solid black; width: 80%; margin: 5px 0;"></div> <div style="text-align: right; margin: 0 10px;">Cell/Home</div> <div style="border-bottom: 1px solid black; width: 80%; margin: 5px 0;"></div> <div style="text-align: right; margin: 0 10px;">Work</div>
Primary Email Address*: <small>*Your primary email address will be used for all OEO Correspondence. If one is not provided, correspondence will be mailed to your Home/mailing address.</small>	
ACCOMMODATION INFORMATION	
Identify how your pregnancy or pregnancy related condition limit you in performing your job duties or participating in your education.	

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.

PLEASE ATTACH ALL MEDICAL DOCUMENTATION CONNECTED WITH THIS REQUEST

Students: please provide the course name, course number, and instructor's name for each course for which you are seeking an accommodation:

- 1).
- 2).
- 3).
- 4).
- 5).

SUMMARY OF NEXT STEPS

1. This request will be reviewed by the Office of Equal Opportunity and Affirmative Action.
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: _____