

Pregnancy Reasonable Accommodation Request Form

Employees seeking a pregnancy accommodation are to complete this form noting the requested reasonable accommodation.

The purpose of this form is to assist the University in determining whether, or to what extent, a pregnancy accommodation can be granted.

Employee Name: _____

Position: _____

Department: _____

Phone: _____ Email: _____

Supervisor's Name: _____

Supervisor's Title: _____

Employee Status: Faculty [] Staff []

1. Identify the specific accommodation you are requesting: _____

2. Please indicate the date the accommodation(s) will become medically necessary and the length of the accommodation.

a. Requested Start Date of Accommodation: _____

b. Requested Length of Time: _____

3. Please provide a brief detailed explanation of the medical condition and the need for the reasonable accommodation: _____



Office of Equal Opportunity

Employee Signature: _____

Date: _____

EEOD Representative: _____

Date Received by EEOD: _____

Office of Equal Opportunity
Human Resources
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