

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

EEOD Representative: \_\_\_\_\_

Date Received by EEOD: \_\_\_\_\_

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