



## PREGNANCY OR PREGNANCY RELATED CONDITION ACCOMMODATION REQUEST FORM

Siena Heights University 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 Accessibility (OA) and/or Human Resources (HR).

**OFFICE OF ACCESSIBILITY**  
1247 East Siena Heights Drive  
211 University Center  
Adrian, MI 49221  
517-264-7683  
833-413-2849 (FAX)  
cmathis1@sienaheights.edu

CONTACT INFORMATION	
<b>Name:</b>	<b>Date of Request:</b>
<b>SHU ID:</b>	
<b>Department/Unit:</b>	<b>Immediate Supervisor or Supervising Faculty Member:</b>
<b>Mailing Address:</b>	<b>Phone:</b> _____ <b>Cell/Home</b> _____ <b>Work</b>
<b>Primary Email Address*:</b>  <small>*Your primary email address will be used for all 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.	

<b>Identify requested accommodation</b> (e.g., light duty, telecommuting, additional break time, etc.).	
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\*If necessary, please attach additional information on separate sheet.

<b>ADDITIONAL INFORMATION &amp; SUPPLEMENTAL DOCUMENTS</b>
<p>In most cases, Siena Heights University will need to obtain additional information and/or documentation about your condition. This may include documentation from your doctor or other medical provider.</p> <p style="text-align: center;"><b>PLEASE ATTACH ALL MEDICAL DOCUMENTATION CONNECTED WITH THIS REQUEST</b></p>

**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).
- 6).

<b>SUMMARY OF NEXT STEPS</b>
<ol style="list-style-type: none"> <li>1. This request will be reviewed by the Office of Accessibility.</li> <li>2. You will be notified, in writing of the decision regarding the request.</li> </ol>

<b>CERTIFICATION</b>
<p>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.</p> <p>Signature: _____ Date: _____</p>