



# Poudre School District

## Accessibility Office

### PREGNANT WORKERS FAIRNESS ACT (PWFA) ACCOMMODATION REQUEST

Employee Name:

ID #:

Job Title/Position:

School or Site Location:

The PWFA requires covered employers to provide reasonable accommodation(s) to a qualified employee or applicant with a known limitation related to pregnancy, childbirth or related medical conditions, unless the accommodation(s) would cause the employer an undue hardship.

To request and/or receive reasonable accommodation(s) under the PWFA, we must engage in an interactive process, which involves obtaining additional information about you and your pregnancy or childbirth related medical condition(s) and discuss what types of accommodations may be possible to best support you in your role here in Poudre School District (PSD).

Working with your current healthcare provider for your prenatal and/or perinatal care, please complete the following form.

#### Notes to Healthcare Provider

Poudre School District and the above listed employee are requesting that you provide information regarding these general issues: (a) whether a known limitation related to pregnancy, childbirth or a related medical condition exists, and if so, whether this limitation affects the employee's ability to perform the essential functions of the position, and (b) suggest accommodations that would enable the employee to perform all the essential functions of their work position listed above.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. Genetic information, as defined by GINA, includes an individual's family medical history, the results of an individual's or family's genetic tests, the fact that an individual or an

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Accessibility Office

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### **PWFA Accommodation Request**

individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Health Care Provider Name & Title (HCP):

Practice Name:

Address:

City:

State:

Zip Code:

1. Does this employee have a known limitation related to pregnancy, childbirth or a related medical condition?

YES

NO

2. The job description for the employee's position is attached. Does this limitation affect the employee's ability to perform the essential functions of their above-listed position?

YES

NO

- a. If yes, what job function(s) is the employee having trouble performing because of known limitations related to pregnancy, childbirth or a related medical condition?

3. Please identify specific examples of suggested accommodations that could enable this employee to perform those job functions.

Thank you for your professional attention to this matter. Please sign below to indicate that you have personally evaluated the employee and reviewed the attached job description.

Health Care Provider Signature

Date