

**EMPLOYEE/APPLICANT/VOLUNTEER
REQUEST FOR REASONABLE ACCOMMODATION FOR PREGNANCY,
CHILDBIRTH, AND RELATED CONDITIONS**

This form is to be completed by a City of Chicago employee, volunteer, or job applicant. If additional space is needed to fully answer a question, please attach a separate sheet of paper. Please sign and date all pages attached to this form. This form should only be used to request accommodations for pregnancy, childbirth, or related conditions.

If you need assistance completing this form or any part of the reasonable accommodation process, please contact the City of Chicago Department of Human Resources at 312-744-4224 (voice) or 312-744-5035 (TTY).

When complete, this form may be submitted to the employee's or volunteer's departmental Disability Liaison or to the City of Chicago Disability Officer. Please keep a copy for your records.

Although the City of Chicago must protect the confidentiality of medical information of its employees and applicants, please note that medical information in this form, which is needed by the City of Chicago to carry out its obligations under state and federal law, is not considered "protected health information" under the Health Insurance Portability and Accountability Act (HIPAA) and implementing regulations.

EMPLOYEE/APPLICANT/VOLUNTEER INFORMATION

Name:

Email:

Cell Phone or Work Phone:

Home Mailing Address:

Department:

Job Title:

QUESTIONS TO DOCUMENT THE REASON FOR THE REQUEST

Are you pregnant?

Yes

No

Are you recovering from childbirth?

Yes

No

Do you need an accommodation for a common or medical condition related to pregnancy or childbirth?

Yes

No

Are you requesting a reasonable accommodation related to your pregnancy, childbirth or related conditions?

Yes

No

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If you are requesting accommodations or modifications for pregnancy, childbirth, or a common or medical condition related to pregnancy or childbirth, what accommodations or modifications are you requesting? Please provide as much detail as you can.

What are the needs that the requested accommodations would help you to meet, and/or the limitations that the requested accommodations would help you to overcome, with respect to your pregnancy, childbirth, or related condition?

For what period of time do you expect to need accommodation for your pregnancy, childbirth, or related condition?

By signing below, I attest that the information provided in this document is true and accurate to the best of my knowledge.

Employee/Applicant/Volunteer Signature:

Date: