

PWFA Documentation Assessment of Reasonableness

**Please complete the initial assessment on this page.
If further action is needed, proceed to following pages.**

[This page for internal HR use only.]

In compliance with [COMPANY] policy and federal regulations, the following evaluation must be conducted prior to providing any employee with the *Reasonable Accommodation Questionnaire — Pregnancy, Childbirth and Related Medical Conditions*.

Employee name:

Employee ID:

Date:

Requested accommodation(s):

Please answer the below questions related to each of the above accommodation request(s). If any answer is “yes” the *Reasonable Accommodation Questionnaire — Pregnancy, Childbirth and Related Medical Conditions* **shall not** be given to the employee for that accommodation:

Yes	No	Is the limitation and adjustment/change needed obvious and the employee has provided self-confirmation of pregnancy?
Yes	No	Does [COMPANY] have sufficient information to determine whether the employee has a qualifying limitation and needs an adjustment or change due to the limitation?
Yes	No	Is the employee pregnant and requesting one or more of the following: <ul style="list-style-type: none"> • Carry or keep water near and drink as needed • More frequent restroom breaks • Ability to sit or stand while working • More frequent food and/or water breaks
Yes	No	Does the requested accommodation relate to a time and/or place to pump or to nurse during work hours?
Yes	No	Is the requested accommodation available to employees without known limitations under the PWFA pursuant to a policy or practice, without submitting supporting documentation?

If all above responses are "no," please use the following pages to request supporting documentation for the accommodation request(s).

PWFA Reasonable Accommodation Medical Questionnaire

[COMPANY LETTERHEAD]

[Date]

[Employee Name]

[Employee ID Number]

[Address]

Dear [EMPLOYEE NAME]:

The purpose of this letter is to gather information to evaluate your request for accommodation due to pregnancy, childbirth and/or related medical conditions..

The Company offers reasonable accommodation(s) to qualified employees including those who are temporarily limited in their ability to do their job due to pregnancy, childbirth and related medical reason, provided the accommodation will not pose an undue hardship to our operations. In addition, employees must not pose a direct threat to their own safety or the health or safety of others after the accommodation(s) has been provided. In certain circumstances, time away from work may be a reasonable accommodation, but we try to provide reasonable accommodations that allow employees to continue to keep working where the employee shares that goal.

Please deliver the enclosed questionnaire and job description to your current treating health care provider and ask that the provider respond fully to our questions and ensure that they are returned as soon as possible, but in any event no later than the close of business on [DATE]. If you cannot return the completed questionnaire before that date, please notify me in writing, before then, of your reasons for not doing so and explain the date you expect to be able to provide the completed questionnaire. Your doctor's response may be submitted to me by fax at [FAX#] or email at [EMAIL ADDRESS].

Please call me at [PHONE#] if you have any questions regarding the above.

Sincerely,

[Name, Title]

A Note to Health Care Providers Helping Our Employees: *The Genetic Information Nondiscrimination Act of 2008 (GINA) and the California Genetic Information Nondiscrimination Act of 2011 (CalGINA) (if applicable) prohibits employers and other entities covered by GINA Title II and CalGINA (if applicable) from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, your provider should not gather or provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA and CalGINA (if applicable), includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an 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.*

**REASONABLE ACCOMMODATION QUESTIONNAIRE
PREGNANCY, CHILDBIRTH AND RELATED MEDICAL CONDITIONS –[NAME OF EMPLOYEE]**

1. Does the employee have any limitations related to pregnancy, childbirth or related medical condition that impact employee’s ability to perform their job?

Yes _____ No _____

2. If your response to Question 1 was “yes,” please review the employee’s job description and list below the specific job duty(s) you believe the employee is unable to perform due to the limitations. Please identify the underlying functional limitation(s) which prevents the employee from performing the job duty and identify the expected duration of each outlined limitation(s). *(Attach additional sheet if necessary.)*

Job Duty	Underlying Functional Limitation(s) Impacting Job Duty	Duration of Limitation(s)

3. Please indicate the timing you believe each of the above functional limitation(s) will impact the employee. *(Attach additional sheet if necessary.)*

Limitation: _____

Limitation: _____

Beginning (Estimate): _____

Beginning (Estimate): _____

Ending (Estimate): _____

Ending (Estimate): _____

Limitation: _____

Limitation: _____

Beginning (Estimate): _____

Beginning (Estimate): _____

Ending (Estimate): _____

Ending (Estimate): _____

Health Care Provider’s Printed Name

Phone Number

Health Care Provider’s Signature
(designee or stamp not permitted)

Date

Doctor’s Area of Practice/Specialty

Provider’s Business Address

Enclosure: Job Description

Health Care Provider: Please return this completed form by [DATE] to [NAME] via e-mail at [EMAIL ADDRESS] or via fax at [FAX#].