City of WHITEWATER		Reasonable Accommodations for Pregnant Workers Policy				
Owner:	HR Manager	Approving Position:	Common Council	Pages:	4	
Issue Date:		Revision Date:		Review Date:		
Special Instructions:						

I. PURPOSE

As required by the federal Pregnant Workers Fairness Act (PWFA), the City of Whitewater will provide reasonable accommodations to employees and applicants with limitations related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause undue hardship to the City of Whitewater's operations.

II. POLICY

An employee or applicant may request an accommodation due to pregnancy, childbirth, or a related medical condition by submitting the request in writing to human resources (HR). The accommodation request should include an explanation of the pregnancy-related limitations, the accommodation needed and any alternative accommodation(s) that might be reasonable. Depending on the nature of the accommodation, the individual may be requested to submit a statement from a health care provider substantiating the need for the accommodation.

Upon receipt of a request for accommodation, HR will contact the employee or applicant to discuss the request and determine if an accommodation is reasonable and can be provided without significant difficulty or expense, i.e., undue hardship.

While the reasonableness of each accommodation request will be individually assessed, possible accommodations include, but are not limited to, allowing the individual to:

- Sit while working
- Drink water during the workday
- Receive closer-in parking
- Have flexible hours
- Receive appropriately sized uniforms and safety apparel
- Receive additional break time to use the bathroom, eat and rest
- Take time off to recover from childbirth
- Be excused from strenuous activities and/or activities that involve exposure to compounds deemed unsafe during pregnancy

An employee may request paid or unpaid leave as a reasonable accommodation under this policy; however, the City of Whitewater will not require an employee to take time off if another reasonable accommodation can be provided that will allow the employee to continue to work.

City of Whitewater prohibits any retaliation, harassment, or adverse action due to an individual's request for an accommodation under this policy or for reporting or participating in an investigation of unlawful discrimination under this policy.

PREGNANT WORKERS FAIRNESS ACT EMPLOYEE ACCOMMODATION REQUEST

Instructions: Please complete the form and submit to your direct supervisor or Human Resources.						
Name:						
Address:						
Department:		Position:				
Supervisor:						
Telephone Numbers: Work:		ome: Other:				
Accommodation Request: Please list accommodation(s) requested and a brief explanation of the medical condition						
Estimated start and end date of accommodation(s):						
Signatura		Data				
Signature:		Date:				

PREGNANT WORKERS FAIRNESS ACT RESPONSE TO ACCOMMODATION REQUEST

Date:	Department:					
Accommodation Requested By:						
Was the requested accommodation approved?	YES NO					
If yes, the following accommodations and/or modifications will be implemented:						
Start date:						
End date:						
Approximate cost of accommodation and/or modification: \$						
If the accommodation is denied, list the reasons for the denial*:						
*The Department must consult with Human Resources prior to a denial of any accommodation request.						
Date of action:						
Response by individual requesting accommodation:						
Signatura	Data					
Signature:	Date:					