

## **EMPLOYEE – PREGNANCY & PARENTING RELATED WORKPLACE ACCOMMODATION PLAN**

Supervisors should use this Employee Accommodation Request and Plan to document pregnancy and parenting related workplace accommodation, consistent with FEHA, Title IX, and applicable California Labor Code provisions.

Accommodation requests (Pregnancy Disability Leave (PDL), CFRA/FMLA) must be addressed through an interactive process and implemented without discrimination or retaliation. This process is administered through Human Resources – Title IX & EEO.

Employees requesting pregnancy and related conditions or parenting related workplace accommodations or leave should be referred to Human Resources – Title IX & EEO and the applicable accommodation or leave request forms.

### **EMPLOYEE INFORMATION**

**Employee Name:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Department / Unit:** \_\_\_\_\_

**Supervisor / Manager:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

### **Reason for Accommodation Request**

*(No diagnosis or detailed medical information is required.)*

This request is related to (check all that apply):

- Pregnancy
- Childbirth
- Pregnancy-related medical condition or recovery
- Lactation / pumping needs

- Post-pregnancy condition
- Parenting or bonding-related needs
- Other related condition: \_\_\_\_\_

**Requested Workplace Accommodations**

*(Check all that apply.)*

- Modified or light-duty assignments
- Temporary reassignment
- Adjusted or flexible work schedule
- Reduced hours or modified start/end times
- Remote or telework option (if available)
- Additional or extended breaks (including lactation breaks)
- Ergonomic or physical workspace adjustments
- Temporary modification of physical requirements
- Private lactation space access
- Other accommodation: \_\_\_\_\_

**Anticipated Duration of Accommodation**

**Start Date:** \_\_\_\_\_

**Anticipated End Date (if known):** \_\_\_\_\_

**Interactive Process Summary**

*(Completed by HR/EEO or supervisor, as appropriate.)*

Describe the interactive process discussion and agreed-upon accommodations:

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**Approved Accommodation Plan**

*(To be completed by HR/EEO in coordination with the employee and supervisor.)*

Approved accommodation include:

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**Implementation Start Date:** \_\_\_\_\_

**Review Date (if applicable):** \_\_\_\_\_

**Confidentiality & Non-Retaliation Notice**

Pregnancy- and parenting-related information will be treated as confidential and shared only on a need-to-know basis. Retaliation for requesting or using accommodations or protected leave is strictly prohibited.

**Acknowledgment**

This accommodation plan is intended to support the employee’s ability to perform essential job functions while ensuring compliance with applicable law.



**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Human Resources:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor / Manager (as applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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For questions, or concerns about noncompliance, please contact the Title IX and EEO Officer at:

(619) 482-6530

Email: [swcertix@swccd.edu](mailto:swcertix@swccd.edu)

[Title IX \(swccd.edu\)](http://swccd.edu)