



**COLLEGE of
CHARLESTON**

OFFICE OF EQUAL
OPPORTUNITY PROGRAMS

Pregnancy Accommodation Request for Faculty, Staff & Student Employment

The **College of Charleston** is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of sex (including pregnancy, childbirth, or related medical conditions), in addition to other protected classes. The College also provides reasonable accommodations related to pregnancy, childbirth, or other related medical condition(s).

Name: _____

Title: _____ **Faculty / Staff / Student Employment (Circle One)**

Department: _____ **Phone:** _____

Supervisor's Name: _____ **Supervisor's Title:** _____

1. Identify the specific accommodation you are requesting:

2. Describe the health condition you are experiencing as a result of your pregnancy, childbirth, or other related medical condition(s) and how this affects your ability to perform your job duties or access to the benefits of employment:



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3. Date the accommodation(s) will become *medically necessary* and estimated length of the accommodation:

4. How does the requested accommodation allow you to perform the essential functions of the job or gain access to employment benefits?

5. Name / Phone # of Health Care Provider _____

6. Anticipated Due Date _____

7. Any additional information relevant to your request:

I hereby authorize the Equal Opportunity Program (EOP) office to contact the medical provider listed above for purposes of reviewing this accommodation request. I further authorize my medical provider to release relevant information to the EOP Office regarding this Pregnancy Accommodation Request.

Printed Name: _____ Signature: _____ Date: _____

PLEASE NOTE: In order to move forward with your request, you must return **this form**, AND the **Medical Inquiry Form** to the EOP Office, either by person (RSS 115), via email (eop@cofc.edu) or fax (843.953.1843).

Questions? Contact the EOP Office.

Phone: 843.953.5754

Email: eop@cofc.edu

Office: Robert Scott Small, Suite 115