



Wichita State University is a Pregnant Workers Fairness Act Employer. The University will provide a reasonable accommodation for the known limitations of a qualified applicant related to pregnancy, childbirth, or related medical conditions, unless the accommodation will cause the employer an undue hardship. **The information will be treated confidentially and maintained separately from personnel files in accordance with all federal PWFA requirements.**

**WORKPLACE ACCOMMODATION REQUEST PROCESS QUICK STEPS:**

- 1) **Employee:** Complete this ER form and submit it to Human Resources (campus box 15 or email to: [totalrewards@wichita.edu](mailto:totalrewards@wichita.edu)).
- 2) **HR:** Review, determine if additional documentation is needed and discuss the next steps in the interactive process with the Employee, if needed.
- 3) **Employee:** Ongoing discussions with supervisor, if needed, to identify how adjustments/updates/additional accommodations are going and if there are any needed changes or updates to the accommodation.
- 4) All completed documentation will be filed in the employees' confidential medical file within the Human Resources Office.

**EMPLOYEE INFORMATION:**

Employee's Name and myWSU ID: \_\_\_\_\_ Employee Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have any known limitations related to your pregnancy, childbirth, or related medical conditions?

Yes                      No

Do those known limitations affect your ability to perform the essential functions of the job?

Yes                      No

What, if anything, are your limitations?

Employee Request (ER) Form

Revised: 05/2023

What workplace barrier or limitation is interfering with your ability to perform your job or allowing you access?

Do you have any suggestions about accommodations we can consider or explore?

Have you had any accommodations in the past for this same limitation?

Yes                      No

If yes, provide details

EMPLOYEE CERTIFICATION

- I attest that the information I am submitting in support of this request is complete and accurate to the best of my knowledge and belief.
- I attest that I am requesting this accommodation for my pregnancy, childbirth or related medical condition.
- I understand that additional information may be required to assist in the processing of this application and agree to provide reasonable information or documentation, as may be requested.
- I understand that providing false or misleading information on this form may result in corrective action.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_