



## Pregnant Workers Reasonable Accommodations (PWFA) Policy

### PURPOSE

As required by the federal Pregnant Workers Fairness Act (PWFA), Grand Traverse County 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 Grand Traverse County operations.

### POLICY & PROCEDURE

An employee or applicant may request accommodation due to pregnancy, childbirth or a related medical condition by submitting the request in writing by completing the ADA/PWFA Reasonable Accommodation Request Form 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 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 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, Grand Traverse County 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.

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

Employees with questions regarding this policy should contact the Human Resources Department.

Note: This policy may differ for those employees who are members of recognized unions, organizations, or associations. Any questions related to the content of this policy, or its interpretation, should be directed to Human Resources.

Policy Adopted: 07/30/2024



**ADA/PWFA Reasonable Accommodation  
Request Form**

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

Employee's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Job title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Describe the nature, extent and duration of your disability:

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Describe the accommodations and if applicable end date of accommodations you believe are needed to enable you to perform the essential functions of this job:

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Provide the name, address, telephone and fax numbers of your health care provider. The provider may receive a request from us for information regarding your impairment/disability and recommendations for accommodations.

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Attach any supporting documentation that may be helpful in evaluating this request for accommodation.

I authorize the release of information regarding my disability to Grand Traverse County Administration as deemed necessary by Human Resources to facilitate this request for accommodation.

Employee signature: \_\_\_\_\_

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

HR Only:

Received by

HR Initials: \_\_\_\_\_

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