



**CONTRA COSTA COMMUNITY COLLEGE DISTRICT**  
**REQUEST FOR REASONABLE ACCOMMODATION**  
**PREGNANCY AND CHILDBIRTH-RELATED DISABILITY**

*If you need assistance in completing this form, please contact Reed Rawlinson in the Office of Human Resources at [rrowlinson@4cd.edu](mailto:rrowlinson@4cd.edu).*

*Requests for pregnancy disability leave shall be submitted at least 30 calendar days in advance of the leave, if the need for leave is known. Employees shall submit such leave requests to the Office of Human Resources.*

An employee affected by pregnancy, childbirth, or related medical conditions has the right to request reasonable accommodation, transfer to a vacant position, or pregnancy disability leave under the California Pregnancy Disability Leave Act.

Employees may request reasonable accommodation verbally or in writing to their supervisor or the Office of Human Resources. All such requests will be handled by the Associate Vice Chancellor/Chief Human Resources Officer or designee.

While not required to initiate the Reasonable Accommodation Request process, completion and submission of this form (or provision of the requested information in another format) by the employee will expedite the process for all parties. This form should be submitted to the Office of Human Resources as soon as the employee has knowledge of the need for reasonable accommodation.

Your request for reasonable accommodation will be reviewed by the Office of Human Resources in accordance with Human Resources Procedure 1080.05. The Office of Human Resources will contact you about initiating the interactive process, including gathering necessary and relevant information.

Name: \_\_\_\_\_ (Please Print)

Address: \_\_\_\_\_ (Please Print)

City/State/Zip: \_\_\_\_\_ (Please Print)

Telephone: \_\_\_\_\_ Work: \_\_\_\_\_

Current Position/Location: \_\_\_\_\_ (Please Print)

I am disabled by pregnancy, childbirth, or related medical conditions and it is medically advisable that I have the reasonable accommodation or transfer. Please include the anticipated duration of the disability and restrictions (Please Print):

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*(Attach additional sheets if necessary)*

It is medically advisable that my pregnancy-related restrictions be reasonably accommodated or I be transferred to a vacant position. I will need reasonable accommodation, and request that the District do the following (including the anticipated duration of any accommodations). I understand that the District is not required to accept my proposed accommodations if it can find a different, equally effective one. *(Describe.)*

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*(Attach additional sheets if necessary)*

**NOTE:** If your protected disability and/or work-related restrictions are not obvious, you may be required to provide a certification from your health care provider confirming the existence of the disability, the work-related restrictions, and their anticipated duration. Attached is a Health Care Provider Certification for Reasonable Accommodation Request form for your health care provider to complete.

This form and information gathered as part of this process will be kept confidential and stored in a separate, locked cabinet with limited access.

Signature: \_\_\_\_\_

(Employee/Applicant)

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