

Pregnancy Discrimination Act (PDA)

Leave Request

Effective: April 20, 2012

Request Date:	Start Date:
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Related to Pregnancy		Related to Childbirth
<input type="checkbox"/> Intermittent Time Frame: Approximate Hours Requested:	<input type="checkbox"/> Regular Time Frame:	Delivery Date Return to Work Date:

- **Temporarily unable to perform job duties due to medical condition(s) related to pregnancy and requesting an alternative. (requires medical certification)**
 - **Light Duty – modify tasks**
 - **Alternative Assignment**
 - **Change work schedule**
 - **Other**

Details: (must provide detailed explanation and attach doctor orders relevant to your request)

Employee Signature:	Date:
Director Signature:	Date:
Executive Director:	Date:

- **Approved (contingent upon receipt of required documentation in timely manner)**

- **Not approved**
Reason:

Human Resources:	Date Received:
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