



AS 39.20.520 and Pregnant Workers Fairness Act

STATE OF ALASKA

Employee Documentation

Under the Pregnant Workers Fairness Act (PWFA), employers must accommodate limitations related to pregnancy, childbirth, and related conditions absent undue hardship. Under Alaska Statute 39.20.520, pregnant employees may request a transfer to a less strenuous or hazardous position. This form may be submitted to an employee’s supervisor, Human Resource Business Partner, or Employee Relations Human Resource Consultant in the Division of Personnel.

Part A: Employee Information

Employee Name		Employee ID Number
Department	Division	Contact Telephone Number
Position Control No. (PCN)	Supervisor's Name	Supervisor's Work Telephone

Part B: Questions regarding qualifications under the PWFA and AS 39.20.520

1. What difficulties or limitations do you experience performing job duties or accessing benefits of employment due to pregnancy, childbirth, or a related medical condition?

A. What condition causes these difficulties or limitations?

B. What is the expected duration of this condition?

Part C: Questions regarding specifically requested accommodations

1. What specific accommodation(s) is requested or recommended, if any?

A. How would the accommodation(s) assist in performing job duties or accessing benefits?

2. If requesting transfer under AS 39.20.520, please include the following attachments:

Employee Authorization for the Release of Medical Information

Health Care Provider Documentation

Part D: Signature

By signing, I authorize that all information is true to the best of my knowledge and further documentation may be requested from me as needed.

Employee's Signature

Date



AS 39.20.520 and Pregnant Workers Fairness Act

STATE OF ALASKA

Employee Authorization for the Release of Medical Information

This form authorizes the release of medical documentation. Under the Pregnant Workers Fairness Act (PWFA), documentation may be required if the condition and/or limitation is not obvious and no documentation has been provided. Under Alaska Statute 39.20.520, documentation may be required to show that transfer is recommended by the employee's Health Care Provider.

Part A: Employee Information

Employee Name		Employee ID Number	
Department	Division	Contact Telephone Number	
Position Control No. (PCN)	Supervisor's Name	Supervisor's Work Telephone	

Part B: Authorization

I authorize my Health Care Provider to release to my employer, the State of Alaska, medical information relevant to my request for transfer under AS 39.20.520 and/or reasonable accommodation(s) under the PWFA for eligibility determination purposes. I also authorize my health care provider to speak with my employer in regard to any questions that specifically relate to my medical condition(s), the performance of my job, and any workplace accommodations.

I acknowledge that I have been informed of my right to receive a copy of this authorization request. I further acknowledge that I have been informed that if the medical information is not released, my accommodation(s) may be denied. This authorization will remain valid for 180 days after the date of my signature or earlier if revoked in writing to the State of Alaska. A facsimile, scan, or photocopy is as valid as the original.

Employee's Signature

Date

Part C: Attachment(s)

Health Care Provider Documentation

Current Position Description

Notice to Medical Provider: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member, except as specifically allowed by this law. To comply with this law, the State of Alaska, as an employer, asks that you not provide any genetic information when responding to this request for medical information. "Genetic Information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



AS 39.20.520 and Pregnant Workers Fairness Act

STATE OF ALASKA

Health Care Provider Documentation

Part A: Employee Information

Employee Name	Employee ID Number
---------------	--------------------

Part B: Health Care Provider Information

Provider Name		License No.
Practice / Medical Specialty	Address	
Telephone	Fax	Email

Part C: Questions regarding qualifications under the PWFA and AS 39.20.520

1. What difficulties or limitations does the employee experience performing job duties or accessing benefits of employment due to pregnancy, childbirth, or a related medical condition?

A. What condition causes these difficulties or limitations?

B. What is the expected duration of this condition?

Part D: Questions regarding specifically requested accommodations

1. What specific accommodation(s) is requested or recommended, if any?

A. How would the accommodation(s) assist in performing job duties or accessing benefits?

2. If requesting transfer under AS 39.20.520,

A. Have you reviewed the employee's Position Description? Yes No

B. Is transfer recommended to a less strenuous or hazardous position? Yes No

Part E: Signature

By signing, I authorize that all information is true to the best of my knowledge and further information may be requested from me as needed.

Health Care Provider's Signature

Date