

Date: [Insert Date]

To: [Employee Name]

Employee ID: [Insert ID Number]

From: [Manager Name/HR Representative]

Subject: Agreement for Modified Job Duties (Pregnancy Accommodation)

Dear [Employee Name],

This letter outlines the formal agreement regarding the temporary modification of your job duties to accommodate your pregnancy-related needs, effective [Start Date].

1. Duration of Accommodation

These modifications are expected to remain in place until [End Date/Expected Return to Full Duty], or until your medical provider indicates you can resume full duties. This agreement will be reviewed on [Review Date].

2. Modified Duties and Restrictions

Based on your medical provider's recommendations, the following adjustments have been made to your role:

- [Description of specific task to be removed or modified]
- [Description of specific task to be removed or modified]
- [Description of new or alternative task assigned]

3. Physical and Environmental Restrictions

The following limitations apply during your work hours:

- [e.g., Lifting limit of 10 lbs]
- [e.g., Requirement to sit for 15 minutes every hour]
- [e.g., Limited exposure to specific chemicals/environments]

4. Compensation and Benefits

During this period of modified duty, your base salary and benefits will [remain unchanged / be adjusted to reflect actual hours worked].

5. Reporting Changes

You are required to notify [Manager Name] or Human Resources immediately if your medical condition changes or if the provided accommodations are no longer sufficient.

Please sign below to acknowledge your understanding and acceptance of these temporary modifications.

Employee Signature: _____ **Date:** _____

Manager/HR Signature: _____ **Date:** _____