

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Supervisor's Name or HR Department Name]
[Company Name]
[Company Address]

Subject: Request for Intermittent Leave - Pregnancy Accommodation

Dear [Name of Supervisor or HR Representative],

I am writing to formally request a reasonable accommodation in the form of intermittent leave due to my pregnancy and related medical conditions. This request is made in accordance with the Pregnancy Discrimination Act (PDA) and/or the Pregnant Workers Fairness Act (PWFA).

I am currently experiencing [mention symptoms if comfortable, e.g., severe morning sickness, fatigue, or the need for frequent prenatal appointments] that require me to take short, periodic absences from work. I anticipate needing to take leave on an as-needed basis starting on [Start Date] through approximately [Expected End Date or Delivery Date].

I expect the frequency of this leave to be [e.g., 2-3 times per week / several hours per day], though the exact timing may vary based on my medical needs. I will make every effort to schedule planned medical appointments in a way that minimizes disruption to the team and will notify you as soon as possible for any unplanned absences.

Attached is medical documentation from my healthcare provider confirming my pregnancy and the medical necessity for this intermittent leave accommodation.

I am committed to fulfilling my job responsibilities and am happy to discuss how we can best manage my workload during these brief absences. Please let me know if you need any further information or if there are specific forms I need to complete.

Thank you for your support and understanding.

Sincerely,

[Your Signature]

[Your Printed Name]