

CERTIFICATION OF ELIGIBILITY FOR AN ACCOMMODATION DUE TO PREGNANCY
OFFICE OF PUBLIC SAFETY ADMINISTRATION (OPSA) - MEDICAL SERVICES SECTION
CHICAGO POLICE DEPARTMENT

Name: _____

Star No: _____ Employee No: _____

Unit No: _____ Unit Name: _____

Position or Title: _____

I, _____, Star/Employee No. _____

request an accommodation due to pregnancy pursuant to the Illinois Human Rights Act (775 ILCS 5/2-102). I understand that I am required to provide the Chicago Police Department with sufficient medical documentation, including applicable medical test results, evaluations, and/or a statement from my treating physician indicating that I should be moved from my current duties to less strenuous or hazardous duties for the duration of my pregnancy. I further understand that failure to provide complete medical information as requested in a timely manner will lead to denial of my request for an accommodation.

I understand that I am subject to assignment consistent with my medical limitations and the availability of an assignment. I understand that the Chicago Police Department is not required to create an assignment, duties, or a position for me.

I understand that the Chicago Police Department may change my hours of work, my work location, my assignment or duties, subject to the needs of the Department. I understand that I may be required to rotate through a variety of assignments, subject to my medical restrictions, until I am able to return to full duty.

I certify that the information provided in support of my request for an accommodation is true and accurate to the best of my information and belief.

I understand that a false statement in connection with my request for an accommodation is prohibited. I understand that making a false statement in connection with a request for an accommodation may lead to disciplinary action, up to and including discharge.

Signature: _____ Date: _____