**CONFIDENTIAL**

REASONABLE PREGNANCY/LACTATION MODIFICATION AGREEMENT

**FROM:** Click or tap here to enter text.

**TO:** Angela Catena, Title IX Coordinator

**CC:** Click or tap here to enter text.

**DATE:**  Click or tap to enter a date.

**RE:** Reasonable Pregnancy/Lactation Modification Agreement

Employee/Student: Click or tap here to enter text.

Supervisor/Faculty: Click or tap here to enter text.

Department: Click or tap here to enter text.

In accordance with Title IX and the Pregnant Workers Fairness Act (PWFA), as outlined in the [UNM Pregnancy Manual](https://ceeo.unm.edu/assets/docs/august-2024-pregnancy-manual.pdf), the parties have engaged in an interactive process and agreed to the following Reasonable Pregnancy/Lactation Modification(s):

1. **[INSERT ITEMS HERE AND IN SUBSEQUENT NUMBERS TO OUTLINE THE MODIFICATIONS THAT THE DEPARTMENT IS MAKING FOR THE EMPLOYEE – BE AS SPECIFIC AS POSSIBLE.]**
2. The Employee/Student and Supervisor/Faculty will check in each Choose an item. to discuss the effectiveness of the modification and whether any adjustments need to be made.
3. Both Employee/Student and Supervisor/Faculty will discuss any problems with work product or effectiveness of the modification.
4. Either the Employee/Student or the Supervisor/Faculty may reach out to the UNM Title IX Coordinator to assist with this modification as necessary.
5. The Supervisor/Faculty will update the UNM Title IX Coordinator on any changes to this modification and provide any documentation reflecting the same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Supervisor Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date