

REQUEST FOR LACTATION ACCOMMODATION

Employee's Name: _____	Employee's Number _____
Today's Date (Month/Day/Year): ____/____/____	Employee's Supervisor: _____
Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/>	

I have read the Company's lactation accommodation policy. I am requesting an accommodation to allow for breaks in order to express breast milk for my infant child in a private setting.

Anticipated first day of use: _____

Number of Anticipated Daily Breaks Requested: _____

Estimated Length of Each Daily Break: _____

Will you be using your break(s) and/or lunch break to express milk? ☐ Yes ☐ No

Do you need additional time beyond your break(s) and/or lunch break to express milk? ☐ Yes ☐ No

Please check all anticipated dates that apply and enter the approximate times that you will take your breaks:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Times: _____	Times: _____	Times: _____	Times: _____	Times: _____	Times: _____	Times: _____

(Signature of Requestor)

Please return this form to your supervisor at least 5 business days before the start of your request.

EMPLOYER RESPONSE TO REQUEST FOR LACTATION ACCOMMODATION

From: _____

APPROVED

☐ Your request for lactation accommodation is approved. Please use the following location _____ . You will be allowed a reasonable amount of time to express breast milk when needed. If possible, break time for this purpose should run concurrently with paid rest periods already provided. Time taken for this purpose that exceeds rest period time already provided is unpaid. Please notify management if reasonable break time is denied.

DENIED

☐ We are unable to provide the requested accommodations _____ for the following reasons: _____.

(See [Labor Code 1031\(i\)](#))

Signature of Employer/Employer's Representative

Date