

County of Sacramento

Lactation Accommodation Request Form

Employee Name	ID Number
Job Title	Department
Date of Request	
<input type="checkbox"/> New Request	<input type="checkbox"/> Request for Alteration
Birthdate of Child	Start Date of Accommodation

I have read Sacramento County's Lactation Accommodation Policy and I am requesting an accommodation to allow for lactation breaks while at work. I understand accommodation time will be scheduled during my normal break and meal periods, unless previously agreed to by my supervisor/manager.

Accommodation requested (Please check all that apply):

____ A private space to express breast milk.

____ Lactation breaks that run concurrently with rest breaks already provided.

____ Lactation breaks in addition to already provided rest breaks.

____ Additional break time needed (start/end times): _____

____ I wish to use accrued and available __Sick Leave __Vacation __CTO during my unpaid breaks

- OR -

____ I am requesting a schedule that will allow me to make up unpaid break time and work the full amount of my regularly scheduled hours.

Employee signature

Date

To be completed by the employee's supervisor or manager and returned to the employee with a copy sent to Personnel Services.

Supervisor/Manager name: _____

Date received: _____

Your request for lactation break accommodations is:

____ Approved as requested

____ Approved with modifications: _____

____ Denied due to: _____

Supervisor/Manager Signature

Date