



Lactation Accommodation Request Form

In accordance with Contra Costa County's [Lactation Accommodation Administrative Bulletin](#), employees who request lactation accommodation for their infant child will be provided breaks and a space to express milk during work hours. **Employees must submit this completed and signed form to the department ADA coordinator prior to the start of the lactation accommodation.**

Employee's Information

Name:	Email Address:
Title/Position:	Phone #:
Department:	Office Location:
	Supervisor's Name:

Lactation Accommodation Request

Start Date (Month, Day, Year):	Estimated End Date (Month, Year):
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By signing below, I hereby certify that I have read, understand, and agree to the terms of the Policy.

Employee's Signature Date

By signing below, I hereby certify that I have read and understand the terms of the Policy, and I approve of this arrangement.

Authorized Department Representative Signature Date

Copy of authorization to be provided to Dept. Supervisor

- Approved as requested**
- Denied (Prior to denying a request, consult with the County ADA Manager. If denied, attach written reason for denial, provide copy to employee, and file.)**