



Lactation Accommodation Request Form

Employee name: _____

Job title/department: _____

Date of request: _____

I have read Cochise County's lactation accommodation policy and I am requesting an accommodation to allow for lactation breaks while at work as follows (check all that apply):

____ A private space to express breast milk.

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

Current rest break times: _____

____ Lactation breaks in addition to already provided rest breaks.

Additional unpaid break time needed: _____

____ Other _____

Employee signature

Date

To be completed by the employee's supervisor and returned to the employee with a copy sent to human resources.

Supervisor name: _____

Date received: _____

Your request for lactation break accommodations is

____ Approved as requested

____ Approved with modifications: _____

____ Denied due to: _____

Supervisor signature

Date