

County of Sonoma – Lactation Accommodation Request Form

Employee Name: _____

Return to Work Date: _____

Job title: _____

Department: _____

I have read the County of Sonoma 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 lactate.

Lactation breaks that run concurrently with rest breaks already provided.

Current rest break times, if scheduled: _____

Lactation breaks in addition to already provided rest breaks.

Anticipated Additional Time Needed _____

Other (explain) _____

Employee signature

Date

Requesting Employee: Give completed, signed form to your supervisor and department Human Resources contact. If you do not know who to send the form to, contact DisabilityUnit@sonoma-county.org for assistance and provide:

Supervisor name: _____ Phone Number: _____

To be Completed by Supervisor or Department HR: Employee's request for lactation break accommodations is:

Approved as requested

Approved with modifications as follows: _____

Further accommodation discussion is required with HR Disability Management – meeting to be scheduled

Supervisor or HR signature

Date