



South Orange County Community College District Lactation Accommodation for Employees Agreement

I _____, have reviewed the below guidelines on the South Orange County Community College District’s Lactation Accommodation for Employees Agreement.

I will begin using the Lactation Room for an approximate period of _____ weeks / months (circle one) for the purpose of expressing my breast milk, beginning on or about the date of _____.

I understand that I am responsible for:

- a. Bringing my own breast pump.
- b. Sanitizing the countertop, sink and other surface areas before and after expressing milk.
- c. Cleaning up any spills or other untidiness created during use of the room.
- d. Contacting designated personnel in the event of a spill.
- e. Securing the room after each use when applicable.
- f. Using the room for lactation purposes only and that I will respect the privacy of other lactation program participants.
- g. Not leaving any personal items or equipment in the lactation room.
- h. Returning the key or access card after using the room when applicable.
- i. Requesting a cooling device that is suitable for storing breast milk if I do not have access to one.
- j. Completing the District’s Lactations Accommodation for Employees Request Form (see page 2).

If you would like to request a cooling device that is suitable for storing breast milk or have questions about Lactation Accommodations, please contact Cindy Barron, ADA Compliance and Leave Administration Manager, at cbarron@socccd.edu or 949-582-4984.

Participant:

Print Name

Signature

Date

HR Signature: _____ Date Received: _____



South Orange County Community College District Lactation Accommodation for Employees Request Form

In accordance with SOCCCD's Lactation Accommodations for Employees Administrative Regulation, breastfeeding employees will be provided breaks and a space to express milk during working hours. Employees must submit this completed and signed form to the ADA Compliance and Leave Administration Manger at least ten (10) business days before the start of the request. For questions, or to submit a request form, contact Cindy Barron at 949-582-4984 or cbarron@socccd.edu.

Employee's Information:

 Name (please print)

 Campus

 Supervisor's Name

Lactation Accommodation Request:

Start Date: _____ Anticipated End Date: _____

Will you be using your regular break(s) and/or lunch break to express milk? Yes No
 Do you need additional time beyond your normal break(s) and/or lunch break to express milk? Yes No
 If the answer to the above is YES, how many daily breaks beyond your normal break(s) or lunch break do you anticipate needing? _____ (# of breaks) for _____ (duration for each break).

Please complete the below chart to indicate the approximate times that you will take your breaks (including your normal breaks) to express milk:

<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: (8:00 am to 8:30 am)	Times: (8:00 am to 8:30 am)	Times: (8:00 am to 8:30 am)	Times: (8:00 am to 8:30 am)	Times: (8:00 am to 8:30 am)	Times: (8:00 am to 8:30 am)	Times: (8:00 am to 8:30 am)

By signing below, I hereby certify that I have read, understand, and agree to the terms of this agreement.

 Employee's Signature

 Date

 Supervisor's Signature

 Date