South Orange County Community College District (SOCCCD)
Employee Lactation Accommodation Agreement and Acknowledgement

The District and employees will engage in a cooperative process to determine an appropriate lactation accommodation that meets operational and employee needs.

The District will provide reasonable break time and a private lactation location, other than a bathroom, that is safe, clean, shielded from view, and free from intrusion while the employee is expressing milk, in accordance with California law and District Administrative Regulation 7349.

The District will provide access to a refrigerator or other suitable cooling device for storing expressed breast milk, consistent with applicable law. Employees should notify Human Resources if such access is needed.

Employees will not be discriminated against, retaliated against, or subjected to adverse employment action for requesting or using lactation accommodations.

Employees requesting a Lactation Accommodation agree and acknowledge that they are responsible for:

a. Bringing their 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 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 they do not have access to one.
j. Completing the District's Lactations Accommodation Agreement and Acknowledgement Form (see page 2).

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Employees are encouraged to submit this form prior to the anticipated start date of the accommodation to allow sufficient time for processing.

Available paid sick leave or unpaid leave may be utilized for additional lactation break time that does not run concurrently with otherwise authorized paid break periods.

Lactation Accommodation Request:

Employee Name Position

Lactation Accommodation Start Date: Anticipated End Date:

1. Will you be using your regular break(s) and/or lunch break to express milk? ☐ Yes ☐ No
2. Do you need additional time beyond your normal break(s) and/or lunch break to express milk? ☐ Yes ☐ No
3. If the answer to #2 is yes, how many daily breaks beyond your normal break(s) or lunch break do you anticipate needing? for .

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

Day	Approximate Lactation Break Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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

Employee's Signature Date

HR Use Only

- Date Request Received:
- Employee's Supervisor Notified and Approved: ☐ Yes ☐ No
- Lactation Room Assigned:
- Cooling Device Needed: ☐ Yes ☐ No
- Accommodation Approved: ☐ Yes ☐ No