



Lactation Accommodation for Employees Agreement

I _____, have reviewed the below guidelines on the Antelope Valley 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/chest 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 during and 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. Requesting a cooling device from Human Resources that is suitable for storing breast/chest milk if I do not have access to one.

Participant:

Name (please print)

E-mail Address

Signature

Date

HR Signature

Date



Lactation Accommodation for Employees Request Form

In accordance with AVC's Lactation Accommodations for Employees, lactating employees will be provided breaks and a space to express milk during working hours. Employees must submit this completed and signed form to the Office of Human Resources and Employee Relations at least ten (10) business days before the start of the request or as soon as reasonably possible. For questions, or to submit a request form, contact Human Resources.

Employee Information:

Name (please print)

E-mail Address

Position

Office Location

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

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

Employee Signature

Date

Human Resources Signature

Date