

Request for Lactation Accommodation

Instructions

Please reference CCA Lactation Accommodation Policy. Use this form to request and provide details for a lactation accommodation at CCA. Please sign and return this form to Human Resources (hr@cca.edu) at least **5 business days** before the start of the request for lactation accommodation. Human Resources will notify you within 5 business days, in writing whether your lactation accommodation has been approved.

Please contact Human Resources (hr@cca.edu or (415) 703-9550, if you have any questions.

| | |
|-------------------------|--------|
| Name of the Employee: | |
| Work Location/Building: | |
| Contact no. | Email: |

| | |
|---|--|
| Start Date for Requested Accommodation: | |
| Requested Number of Breaks Per Day: | |
| Approximate Lactation Break Schedule Dates and Times: | |
| | |

| | |
|---------------------|-------|
| Employee Signature: | Date: |
|---------------------|-------|

| | |
|----------------------------|----------------|
| Human Resources Signature: | Date Received: |
| Approval or Denial: | Note: |