

NURSING MOTHER ACCOMODATION REQUEST FORM

FSCJ is committed to provide reasonable break time for nursing mothers to express breast milk for up to one year following the child's birth. Please refer to APM 03-0901.

Submit this form to your supervisor or Director of Campus Operations Office for review and approval. **The completed and approved form must be forwarded to the Employee Relations and Equity Office at emprelations@fscj.edu.** Information contained on this form is confidential to the extent permitted by law.

All information requested is required. (Please print.)

Employee/Student Name: _____

Job Title/ Location: _____

Employee Email Address: _____

Work Phone Number: _____

Supervisor Name: _____

Supervisor Email Address: _____

Work Phone Number: _____

Requested begin date: _____

End Date: _____ (One year from child's birth)

Child's Date of Birth: _____

Describe the accommodation being requested, e.g., approximate time(s) and number of breaks:

FSCJ prohibits discrimination and/or harassment of employees who exercise their right under this policy.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Lactation Room User Agreement

[Must be completed by user before using the room]

(Please print or type clearly.)

Name: _____

Job Title/Location (if employee): _____

College E-mail: _____ Phone: _____

Please initial each statement or set of statements which will indicate you have read each statement, understand and agree.

___ I agree that it is my choice to use the Lactation Room. Steps will be taken to keep the room clean, safe, and secure, but I understand that others cannot be held liable for the day-to-day condition of the room and its contents.

___ I agree that I am responsible for doing my part to keep the room clean and orderly. I understand that breast milk is a body fluid and careful cleanup of spills, etc., is important.

___ Out of respect for the needs of other nursing mothers who need to access the space, I agree that access to the lactation room is for **my use only**, and that sharing my access to the space with anyone else is not permitted.

___ I will **only use** the room for expressing breast milk, and I **will secure** the door after using.

___ I understand/agree that I am responsible for transportation and proper storage of milk and bringing my own equipment, storage containers, and cooler.

___ I understand that in order to ensure that only authorized persons use these rooms, my name may be shared with the very limited number of college employees who are in charge of providing these facilities so that they know I have completed the User Agreement and, therefore, authorized to use the room.

___ I understand/agree to stop using the facilities one year from the birth of my child.

___ I understand and agree that failure to comply with any of the above agreements could be cause for loss of access to the facility now and in the future.

User's Signature: _____ Date: _____

Campus Representative Signature: _____ Date: _____

cc: Employee Relations Office