

CITY OF NEW ORLEANS
Policy Memorandum 149
Workplace Lactation Accommodation and Employee Support
REQUEST FORM

EMPLOYEE INFORMATION

Print Full Name: _____

Date of Request: _____

Job Title: _____ Department: _____ Office Location: _____

Phone Number: _____ Email: _____

Date of Child's birth: ____/____/____ Anticipated Arrangement Duration: ____/____/____ until ____/____/____

Supervisor Name: _____ Supervisor Phone Number: _____

I have read The City of New Orleans Lactation Accommodation Policy (Policy Memorandum 149 - Workplace Lactation Accommodation and Employee Support) and I am requesting an accommodation to allow for lactation breaks while at work as follows (check all that apply):

- ☐ A private space to express breast milk.
- ☐ Lactation breaks that run concurrently with rest breaks already provided.
Current lunch and rest break times: _____
- ☐ Lactation breaks in addition to already provided rest breaks (include travel time, if applicable).
Additional unpaid break time needed: _____
- ☐ Other _____

Employee Signature: _____ **Date:** _____

To be completed by the employee's supervisor and returned to the employee with a copy sent to human resources.

Your request for lactation break accommodation is

- ☐ Approved as requested
- ☐ Approved with modifications: _____
- ☐ Denied due to: _____

Supervisor Signature: _____ **Date:** _____