

**REQUEST FOR PUMPING ACCOMMODATION  
COUNTY OF MONMOUTH**



**1. Employee Statement**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

I am requesting a work accommodation for pumping breast milk beginning \_\_\_\_\_ (date) and ending \_\_\_\_\_ (date).

Frequency of accommodation (how often pumping is required): \_\_\_\_\_ times/day for \_\_\_\_\_ minutes each.

\*If frequency/duration unknown, please put an estimated time that can be corrected later if necessary.

**MY SIGNATURE CERTIFIES THE INFORMATION IN THIS STATEMENT IS TRUE AND CORRECT**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns regarding the need for this request, please contact the Benefits Department.

**2. Department Statement**

Does the department have the following to accommodate this request (please check all that apply)

- A clean, secure room free from intrusion by coworkers or the public shielded from view.
- A lock on the door to provide maximum privacy for the employee.
- An available electrical outlet, chair, and small table and/or shelf in the designated room.
- An area within a feasible distance for the employee to clean/store supplies and refrigerate the sealed breast milk.

Will the department need assistance from the Accommodation Committee in securing these needs for the employee?

Yes       No

If yes, what will the department need assistance in providing: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*An employee can use paid break time for pumping breast milk, but any time used outside of their normally scheduled breaks will normally be considered unpaid. However, if a department's schedule allows, employees may be able to make arrangements with their supervisor to make up time for any additional time used outside of regularly scheduled break time for pumping breast milk.*

**3. Human Resources Statement**

Human Resources- Benefits & Workforce Wellness Division acknowledges the request submitted for the employee and will provide support where needed regarding the matter.

Human Resources Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_