



## Request for Lactation Accommodation

Please complete all fields.

To submit from County computer, click on yellow Request Accommodation button below.

To submit from a personal computer, save as a PDF with a new name. Attach form to an email and send to:  
**worklife@ventura.org**

|                             |  |
|-----------------------------|--|
| Employee Name               |  |
| Employee ID Number          |  |
| Employee Email Address      |  |
| Employee Cell Number        |  |
| Name of Work Location       |  |
| Address of Work Location    |  |
| Suite Number? Floor Number? |  |

|                          |  |
|--------------------------|--|
| Supervisor Name          |  |
| Supervisor Email Address |  |

|  |  |
|--|--|
| Please give an approximate month/year of your return to work |  |
|--|--|

**Request Accommodation**

For more information on the County of Ventura's Lactation Accommodation policy, go to the [WorkLife Program](#) webpage.