**BREASTFEEDING POLICY**

**ELIGIBILITY**

All nursing employees are entitled to take reasonable breaks to express breast milk for up to [one/[NUMBER]] year[s] following the birth of their child[, unless this creates an undue hardship for [EMPLOYER'S NAME]].

[EMPLOYER'S NAME] encourages eligible employees planning to use this policy to inform [[POSITION]/the [DEPARTMENT NAME] Department] of their intentions[, such as during discussions about returning to work after childbirth-related leave].

**LACTATION BREAKS**

Eligible employees are entitled to reasonable break time to express breast milk for their nursing child. [Employees should inform their direct [supervisor/manager] about the frequency, timing, and duration of the breaks they intend to take.]

[[EMPLOYER'S NAME] has designated [LOCATION] as the lactation room. [Employees may reserve the lactation room by [DESCRIPTION OF RESERVATION SYSTEM].]

OR

Please contact [[POSITION]/the [DEPARTMENT NAME] Department] to learn about the designated location for lactation breaks [nearest to your work area].]

**COMPENSATION DURING LACTATION BREAKS**

Lactation breaks under this policy are [paid/unpaid]. [Employees who choose to use their [meal/lunch/rest/[OTHER]] break time for expressing breast milk should notify [[POSITION]/the [DEPARTMENT NAME] Department] and will be compensated in accordance with [EMPLOYER'S NAME]'s policy on [meal/lunch/rest/[OTHER]] breaks.]

Employees required to record time [under [EMPLOYER'S NAME]'s timekeeping policy] must [accurately log the start and end of lactation breaks on their time sheets/clock in and out for lactation breaks], following [EMPLOYER'S NAME]'s timekeeping procedures. Uninterrupted lactation breaks are not considered hours worked.

[Employees may start work earlier or work beyond their regularly scheduled shift to make up for time spent on lactation breaks. Employees who wish to do this should discuss arrangements with their [supervisor/manager] in advance.]

Exempt employees may receive paid break time when required to comply with applicable state and federal wage and hour laws.

**ACCOMMODATION REQUESTS**

If you require additional accommodations beyond those outlined in this policy, such as adjustments to your work schedule, location, or duties to facilitate lactation breaks, please contact [[POSITION]/the [DEPARTMENT NAME] Department]. [EMPLOYER'S NAME] will review and address such requests on a case-by-case basis, considering both the needs of the employee and the operational requirements of the workplace.

All requests for lactation-related accommodations and any related discussions will be handled with discretion and confidentiality, consistent with applicable laws and company policies.

**MAINTENANCE OF LACTATION FACILITIES**

Cleanliness and accessibility

[EMPLOYER'S NAME] is committed to providing a clean, private, and accessible space for nursing employees. The designated lactation room will:

* Be regularly cleaned and maintained to ensure a hygienic environment.
* Include seating, a flat surface for breast pumps, and an electrical outlet.
* Be free from intrusion and shielded from view.

Reporting issues

If the lactation room is not properly maintained or if access becomes an issue, employees should report concerns immediately to the [DEPARTMENT NAME] Department to ensure prompt resolution.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department is responsible for administering this policy. For any questions about this policy or lactation breaks not covered here, please contact the [DEPARTMENT NAME] Department.

**COMPLAINT PROCEDURE**

If you experience or witness conduct that you believe violates this policy, promptly report it to [[POSITION]/the [DEPARTMENT NAME] Department]. A thorough investigation will be conducted, and corrective action will be taken if appropriate.

[While not required, you may use a complaint form, available at [LOCATION], to file your complaint if you choose.]

**NO RETATLIATION**

[EMPLOYER'S NAME] strictly prohibits any form of discipline, reprisal, intimidation, retaliation, or discrimination against individuals for requesting or taking lactation breaks, or for filing a complaint regarding violations of this policy, the Fair Labor Standards Act, or applicable state or local laws.

[EMPLOYER'S NAME] is dedicated to enforcing this policy and preventing retaliation. However, we rely on employees to report any inappropriate conduct. If you believe you or someone else has been subjected to retaliatory actions or other behavior that violates this policy, report it immediately to the [DEPARTMENT NAME] Department. Without such reports, [EMPLOYER'S NAME] may be unable to address potential violations and take corrective action.

[For more information about [EMPLOYER'S NAME]’s Anti-Retaliation Policy, refer to [LOCATION].]

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENTS**

The provisions outlined in this policy complement, but do not replace, modify, or supplement, any terms or conditions specified in a collective bargaining agreement (CBA) between a union and [EMPLOYER'S NAME].

Employees should consult the terms of their CBA for clarification. If any terms in this policy conflict with those in the applicable CBA, the CBA will govern.

This policy complies with all applicable labor laws and regulations in the state of Florida.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date