PURPOSE

The Fair Labor Standards Act (FLSA), as amended March 23, 2010, when the Patient Protection and Affordable Care Act (PPACA) took effect, requires employers to provide reasonable break time for nursing mothers to express breast milk for up to one year following the child’s birth. The University of Miami, Break Time for Nursing Mothers Policy outlines guidance for compliance with the law, and prohibits discrimination and/or harassment of employees who exercise their right under this policy.

DEFINITIONS

Nursing Mother
An employee who expresses breast milk for her nursing child for up to one year after the child’s birth.

Exempt
Positions which are exempt from the minimum wage, overtime, and timekeeping requirements of the Fair Labor Standards Act.

Non-Exempt
Positions subject to at least the minimum wage, overtime, and timekeeping requirements of the Fair Labor Standards Act.

Fair Labor Standards Act
Federal regulations governing employee wages and hours of work.

POLICY

This policy establishes standards for breastfeeding and expressing milk for a nursing mother while at work.

1. Employees shall be provided a place to express their milk. The location provided will be private and functional as a space for expressing breast milk. A bathroom, even if private, is not a permissible location. Employees may use their private office for breast milk expression.

2. Employees shall be provided flexible breaks to accommodate milk expression. Breaks for more than 15 minutes in length are unpaid for non-exempt employees and this time should be reflected on the KRONOS time record.
PROCEDURE

Nursing mothers must submit a written request to their supervisor using the Nursing Mother Accommodation Request Form.

Supervisors who receive an accommodation request should review available space (private space with a secured door) in their department/unit and notify employee of appropriate space use. A copy of the Request Form should be forwarded to the office of Equality Administration at staff.ea@miami.edu.

Supervisors are encouraged to work within University policies regarding breaks and hours of work to accommodate employees who wish to use the facilities for break time in excess of 15 minutes.

For additional information, please contact the Office of Equality Administration at staff.ea@miami.edu or (305) 284-3064.
NURSING MOTHER
ACCOMMODATION REQUEST FORM

The University 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 policy.

Please submit this Form to your supervisor and forward a copy to the Office of Equality Administration at staff.ea@miami.edu. Information contained on this Form is confidential to the extent permitted by law. Please review our privacy statement relating to information we collect, choice/opt-out, and correction/updating of personal information before proceeding.

Required questions are marked with an (*).

* Employee Name (You must type in a response)
  
  Name of the employee the accommodation request is for.

  

  * Employee UMID: (You must type in a response)

  

  * Job Title (Type in a response)
    
    Job title of employee.

  

  * Department Name (Type in a response)

  

  * Select Campus (Select only one)

  

  * Supervisor Email Address (You must enter a valid email address)

  

  * Work Phone # (You must type in a response)

  

  * Supervisor/Department Head: (You must type in a response)

  

Revised 11/30/2010
* Select Employment Status: (Select only one)

* Describe the type of accommodation being requested. (You must type in a response)

Enter the calendar date you would like the accommodation to begin and end.

* Enter Begin Date (mm/dd/yy)

* Enter End Date (mm/dd/yy)

* Enter Child’s Birth date (mm/dd/yy)

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

__________________________________________  _______________________
Employee Signature       Date

__________________________________________  _______________________
Supervisor Signature       Date

cc:   Equality Administration