

YESHIVA UNIVERSITY

Lactation Room Policy and Procedures

Policy

Pursuant to New York State Labor Law Section 206-c, Yeshiva University will provide employees who are nursing with reasonable unpaid break time when employees need to express breast milk. Employees may take such break time as often as every three hours, or more frequently if necessary. Unpaid breaks for breast milk expression are at least twenty minutes in length, unless the lactation room is not close to the employee's work station, in which case the provided break will be at least thirty minutes, or longer if needed. Employees may also opt to take a shorter unpaid break.

Employees may, but are not required to, use any paid break or meal time they may have in order to express breast milk. In addition, employees may, but are not required to, work before or after their work day to make up time taken for lactation breaks during the day, provided this time falls within the University's normal work hours. Breaks to express breast milk will be provided to employees for a period of up to three years following childbirth.

If an employee chooses to work while expressing breast milk, they will be paid for their work time. Employees who work remotely have the same rights to unpaid time off for the purpose of expressing breast milk.

Scope

This Policy applies to all Yeshiva University faculty and staff (including temporary and casual staff). Employees covered under collective bargaining agreements are also covered under this Policy. Managers are encouraged to work within applicable union policies and contracts.

Lactation Room Amenities

The University will designate an appropriate room with sufficient privacy to serve as a lactation room and notify all employees when a space has been so designated. For purposes of this Policy, the term "lactation room" means a sanitary place, other than a restroom or toilet stall, that can be used to express breast milk. The room will be well lit with good natural or artificial light, be in close proximity to the employee's work area, be shielded from view, and be free from intrusion by other persons. It will have the necessary furniture and amenities, so as to satisfy any legal requirements established by applicable law, including, but not limited to, an electrical outlet, a working surface (desk, table, counter or other flat surface), nearby access to running water, and a chair. The door to the lactation room will have a functional lock and coverings on any windows or doors as needed to ensure privacy. Additionally, a refrigerator in which expressed milk may be stored will be available. However, the University is not responsible for ensuring the safekeeping of any milk stored in the workplace, and employees are encouraged to store such milk in closed containers and bring it home each evening.

If the room designated to serve as a lactation room is also used for another purpose, the sole function of the room will be as a lactation room while the employee is using the room to express

breast milk. While the room is being used to express milk, notice will be provided that the room is given preference for use as a lactation room.

Lactation Room Locations

- Wilf Campus:

Belfer Hall	Room 218A
Furst Hall	Room 516
Marsha Stern Talmudical Academy (MTA)/Zysman Hall	Room 220

- Beren Campus:

245 Lexington Avenue	Room 103
215 Lexington Avenue	Room 402A

- Brookdale/Cardozo Campus:

55 5 th Avenue	Room 539
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- Ferkauf/Katz Campus:

1165 Morris Park Avenue	Room 206A
1225 Morris Park Avenue	Room 5C-8A

[Procedure for Lactation Room Requests](#)

Employees wishing to use a lactation room should give advance notice by telephone or email to their immediate supervisor or manager so as to ensure adequate staffing within the department. Employees may also use the attached form to submit requests to their supervisor to use a lactation room.

To request access to the lactation room on a particular campus, please contact the following:

- Wilf Campus Security: 212.960.5200
- Beren Campus Security: 212.340.7796
- Brookdale/Cardozo Campus Student Services: 212.790.0429
- Ferkauf/Katz Campus Security: 718.430.3800

It is best to provide at least ten days advance notice of your need for the room and your expected schedule. Requests will be addressed within a reasonable time, but no longer than five business days following receipt. The University will do its best to accommodate same and next-day

requests. The University recognizes that employees' lactation accommodation needs may change over time. As a result, employees may request changes to their existing lactation accommodation at any time.

Use of the lactation room will be on a single occupancy, first come, first served basis. In the event that more than one nursing employee will require use of the lactation room at the same time, the University will assist in creating a schedule.

Access is provided either by key or code. The individual campus contacts listed above will endeavor to communicate any change in access in advance.

Please respect the privacy of all lactation room users by knocking prior to entering the room. Never prop open the door. You are expected to clean up after each use of the room, out of respect for the next user and to prevent contamination. Please allow enough time in your schedule to clean the surfaces and dispose of trash properly. We recommend that you bring antibacterial wipes with you.

Cooperative Dialogue

The University will endeavor to accommodate nursing employees. However, should a lactation room-related request be determined to pose an undue hardship, the University will engage in a cooperative dialogue with the employee to determine what alternative accommodations might be available that meets as many of the lactation room requirements as possible. If the lactation room is not in reasonable proximity to the employee's workspace, the University will discuss alternative options.

Complaint Procedure

The University prohibits discrimination, retaliation, and harassment against any employee who requests or chooses to express milk in the workplace. The University will not deny any employee the right to express breast milk at work. Should you have any questions regarding this Policy, please contact Renée R. Coker, Sr. Director, Talent Management & Equity Compliance and Deputy Title IX Officer. Any complaints of discrimination will be handled under the University's Non-Discrimination & Anti-Harassment Policy.

External Resources

While we always prefer to resolve our differences through our internal procedures, if you believe that you have experienced discrimination, retaliation or any violation of your right to express breast milk at work, you may contact the New York State Department of Labor's Division of Labor Standards at 1-888-52 LABOR, via email at LSAsk@labor.ny.gov, or visit the nearest office which may be found at dol.ny.gov/location/contact-division-labor-standards. Complaints are confidential.

Federal Resources

Employees are also protected by the federal PUMP Act. Under the PUMP Act, any covered employees not provided with breaks and an adequate space to pump for up to a year after

childbirth may file a complaint with the U.S. Department of Labor or commence a private suit. Additional information may be found at dol.gov/agencies/whd/pump-at-work.

September 2023

LACTATION ROOM REQUEST FORM

Employees have a right to request use of a lactation room. Lactating employees who would like to request the use of a lactation room to express breast milk may submit requests to their supervisor directly, or by using this Request Form.

Employee Name: _____ **Employee ID:** _____

I will need use of a lactation room beginning on [date]: _____

Requested Number of Lactation Breaks Per Day: _____

During already-provided meal or break time? _____ yes _____ no

If no, please provide details of amount of additional time requested.

Estimated Lactation Break Schedule Needed, including preferred break times:

Employees may request changes to their existing lactation accommodation at any time.

Date Submitted

Employee Signature

____ Your request is approved.

____ Your request is approved as follows: _____

[Appropriate Person's] Signature _____ Date _____

[Appropriate Person's] Printed Name: _____