



**REASONABLE ACCOMMODATION REQUEST
FOR LEAVE TO EXPRESS BREAST MILK**
PD 433-162 (01-19)

FOR EEOD USE ONLY RA No. _____ Date Request Received: _____
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NOTE: The New York City Police Department will provide reasonable accommodations to employees so that they may express breast milk in the workplace. This form must be completed by the employee for a reasonable accommodation. **The employee's supervisor must sign and fax or email the form within three (3) working days of a request** to the Deputy Commissioner, Office of Equity and Inclusion, Equal Employment Opportunity Division (EEOD). Should you need assistance please contact EEOD at (646) 610-5330.

Employee Rank/Title	Name	Tax No.
Employee Home Address		
Employee Cell Phone No.	Email	
Supervisor Rank/Title	Name	Tax No.
Supervisor Cell Phone No.	Email	
Command	Location of Private Space	

Breaks: Please provide a description of the anticipated schedule.

The following attest that the information above is accurate and accommodates the needs of the employee:

Employee Signature	Date
Supervisor Signature	Date

After completing this section, the **immediate supervisor of the employee** must:

- Fax or email a copy to the Reasonable Accommodation Unit at (646) 610-5898 or ReasonableAccommodation.request@nypd.org.
- Forward original request to the:

**DEPUTY COMMISSIONER, OFFICE OF EQUITY AND INCLUSION
EQUAL EMPLOYMENT OPPORTUNITY DIVISION
ONE POLICE PLAZA, ROOM 1204
NEW YORK, NEW YORK 10038
ATTN: REASONABLE ACCOMMODATION UNIT**

FINAL DETERMINATION	
<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER	
EEOD Reviewing Member (<i>Rank/Title, Name Printed</i>)	
Signature	Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER