

**MODOC COUNTY BOARD OF SUPERVISORS
AGENDA REQUEST FORM**

Date of Meeting for Which Item is Requested: **June 23, 2020**
Name of Requesting Party or Entity: **Pam Randall, Administrative Services**

Regular or Consent: **Regular**

Kind of Action Requested: **Consideration/Action**

Describe Specific Action Requested or Information to be Discussed:

Requesting approval for the Chair of the Board to sign the Modoc County Lactation Accommodation Policy, effective June 23, 2020.

This is a new policy that will bring Modoc County compliant with the latest laws in regarding lactation breaks. The Union has reviewed and approved.

Budget Affected: No

Clerk's Instructions:
Certified Copies Needed: 2
Minutes Orders Needed: 2

Date Submitted: 6/19/2020

Phone Number: (530) 233-7660

Email: PamRandall@co.modoc.ca.us

Agenda Item Number: 9.a