



Lactation Accommodation Request Form

Employee's Information

Name:

Title/Position:

School:

Employee Type: Exempt Non-Exempt Supervisor's Name:

Location Request:

Lactation Accommodation Request

Start Date (Month, Day, Year):

Number of Daily Breaks Requested:

Estimated Length of Each Daily Break:

Will you be using your break(s) and/or lunch break to express milk? Yes No

Do you need additional time beyond your break(s) and/or lunch break to express milk? Yes No

Please check all dates that apply and enter the approximate times that you will take your breaks:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Times:	Times:	Times:	Times:	Times:	Times:	Times:

By signing below, I hereby certify that I have read, understand, and agree to the terms of the Policy.

Employee's Signature

Date

By signing below, I hereby certify that I have read and understand the terms of the Policy, and I approve of this arrangement.

Supervisor's Signature

Date