**(Company/Agency) Request for Lactation Accommodation**

|  |
| --- |
| Name of the Employee: |
| Address: |
| Contact no. | Email: |

|  |  |
| --- | --- |
| Start Date for Requested Accommodation:  |  |
| Requested Number of Breaks Per Day: |  |
| Approximate Lactation Break Schedule Dates and Times:  |

|  |  |
| --- | --- |
| Employee Signature: | Date: |

Please return this form to your supervisor at least 5 business days before the start of request for Lactation Accommodation.

|  |  |  |
| --- | --- | --- |
| Supervisor Name (Print) | Supervisor Signature: | Date Received: |