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

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| 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.

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