(Company/Agency) Request for Lactation Accommodation

Name of the Employee:				
Address:				
Contact no.	Email:	Email:		
Start Date for Requested Acco	ommodation:			
Requested Number of Breaks	Per Day:			
Approximate Lactation Break	Schedule Dates and Times:			
Approximate Edetation Break	Seriedore Duces and Times.			
Employee Signature:		Date:	Date:	
Please return this form to your s	supervisor at least 5 business da	ays before the	start of request for Lactation	
Accommodation.				
Supervisor Name (Print)	Supervisor Signature:		Date Received:	
Sopervisor realite (Fillit)	Sopervisor Signature.		Dute Neceived.	