

LACTATION ROOM REQUEST FORM

EMPLOYEE INFORMATION			
<i>Print Full Name:</i>		<i>Employee ID:</i>	
<i>Address:</i>		<i>Phone Number:</i>	
<i>Title:</i>		<i>Email:</i>	
<i>Office Telephone Number:</i>	<i>Department:</i>	<i>Supervisor Name and Phone Number:</i>	
<i>Location:</i>			
<i>Date of Form:</i>	<i>Please Anticipate Schedule of Usage (times; e.g., between 10am-12pm):</i>		
<i>Anticipated First Date of Use:</i>			
<i>Any Other Information Related to Request for Lactation Accommodation:</i>			
<i>Date:</i>		<i>Requestor's Signature/Authorized Agent's Signature:</i>	

DO NOT WRITE IN THIS SECTION	
<i>Location/Unit/Division:</i>	
<i>Email and Phone Number:</i>	
<i>Date Request Received:</i>	<i>Date of Response:</i>
<i>Response:</i> <input type="checkbox"/> Granted as requested <input type="checkbox"/> Modified accommodation granted	<i>Explanation of Modified Accommodation:</i>