

## Lactation Room and Time Request

The University provides a Lactation Room and reasonable time for the purpose of expressing breastmilk for eligible employees, as provided under law. Refer to the full policy located in the Employee Handbook for additional information.

Directions: Complete and submit the request to your manager prior to your return from maternity leave.

### EMPLOYEE INFORMATION

Employee Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Department \_\_\_\_\_ Position Title \_\_\_\_\_

Current Work Hours \_\_\_\_\_

### LACTATION INFORMATION

Newborn's Date of Birth \_\_\_\_\_ Start Date for Lactation Breaks \_\_\_\_\_

Daily Lactation Breaks From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

End Date for Lactation Breaks (12 months from date of birth) \_\_\_\_\_

Room being requested (check one):    Green Hall    Main Campus    Guillermin    LUO Enrollment Ctr.

I understand the Lactation Room is available to me for the sole purpose of expressing milk. I understand that I can utilize the room during the first 12 months after my newborn is delivered.

Hourly employees will not be on the clock when utilizing the Lactation Room. Salaried employees are required to complete the work assigned to them each day.

I understand and agree to the conditions of use for the Lactation Room and will comply with them. I understand that any misuse may lead to disciplinary action, including termination.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources

\_\_\_\_\_  
Date