# MODEL LACTATION ROOM REQUEST FORM

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

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| **DO NOT WRITE IN THIS SECTION** |
| ***Location/Unit/Division:*** |
| ***Email and Phone Number:*** |
| ***Date Request Received:***  | ***Date of Response:*** |
| ***Response:*****⬜ Granted as requested****⬜ Modified accommodation** **granted** | ***Explanation of Modified Accommodation*:** |