# 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*:** | |