

# MODEL LACTATION ROOM REQUEST FORM

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

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