

Lactation Accommodation Request Form

Employee name: _____

Store Location/department: _____

Date of request: _____

I have read PAQ Inc.'s Lactation accommodation policy and I am requesting an accommodation to allow for lactation breaks while at work as follows (check all that apply):

____ A private space to express breast milk.

____ Lactation breaks that run concurrently with rest breaks already provided.
Lactation breaks that exceed rest break times may be considered unpaid.

____ Lactation breaks in addition to already provided rest breaks.

Additional unpaid break time needed: _____

____ Other _____

It is the employee's responsibility to ensure that the secure room used is locked while in using.

Employee signature

Date

To be completed by the employee's supervisor and returned to the employee with a copy sent to human resources.

Supervisor name: _____

Date received: _____

Your request for lactation break accommodations is

____ Approved as requested

____ Approved with modifications: _____

Supervisor signature

Date

Human Resources Manager

Date