

Lactation Accommodation Request Form

In accordance with USF's [Lactation Accommodation Policy](#) (the Policy), breastfeeding employees will be provided breaks and a space to express milk during working hours. **Employees must submit this completed and signed form to the Leave Manager at leaves@usfca.edu at least five (5) business days in advance before the start of the request.**

Employee's Information

Name:

USF Email Address:

Title/Position:

Phone Extension:

Department:

Office Location:

Employee Type: Exempt Non-Exempt

Supervisor's Name:

Lactation Accommodation Request

Start Date (Month, Day, Year):

Appx End Date:

Number of Daily Breaks Requested:

Will you be using your break(s) and/or lunch break to express milk? Yes No

Do you need additional time beyond your break(s) and/or lunch break to express milk? Yes No

Lactation Room Location:

By signing below, I hereby certify that I have read, understand, and agree to the terms of the Policy.

Employee's Signature

Date

By signing below, I hereby certify that I have read and understand the terms of the Policy, and I approve of this arrangement.

Supervisor's Signature

Date