



## BREASTFEEDING SUPPORT ACCOMMODATION REQUEST FORM

I, \_\_\_\_\_, will be breastfeeding/expressing milk upon my return to work beginning \_\_\_\_\_ and ending \_\_\_\_\_. I (\_\_\_\_\_will\_\_\_\_\_will not) need a private location to be identified. I will need a break to breastfeed/express milk at the following times \_\_\_\_\_. I understand my obligation to notify my supervisor if my breastfeeding/expressing milk schedule should change and/or if I should discontinue breastfeeding or expressing milk prior to the date stated above.

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Signature

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Date