Rose International Request for Lactation Accommodation

Name of the Employee:	
Address:	
Contact no.	Email:

Start Date for Requested Accommodation:	
Requested Number of Breaks Per Day:	
Approximate Lactation Break Schedule Dates and Times:	

Employee Signature:	Date:

Please return this form to your supervisor at least 5 business days before the start of request for Lactation Accommodation.

Supervisor Name (Print)	Supervisor Signature:	Date Received: