

HR P

information technology solutions

Rose International Request for Lactation Accommodation

Address:						
Contact no.		Email:				
		1				
Start Date for Requ	ested					
Accommodation:						
Requested Number	of Breaks Per					
Day:						
Approximate Lactat	ion Brook Cohodul	o Datas and T	imaaı			
Approximate Lactat	ion break Schedul	e Dates and T	imes.			
Employee Signature	e:		Date:			
Employee Signature	e:		Date:			
Employee Signature	Э :		Date:			
Employee Signature	e:		Date:			
Please return this co	mpleted form to <u>HR(</u>			e) business days b	pefore the start	of
Please return this co	mpleted form to <u>HR(</u>			e) business days b	pefore the start	of
Please return this co your request for a La	mpleted form to <u>HR(</u> ctation Accommoda	tion.				of
Please return this co your request for a La	mpleted form to <u>HR(</u>	tion.		e) business days b Date Received		of
Employee Signature Please return this congour request for a La	mpleted form to <u>HR(</u> ctation Accommoda	tion.				of