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 completed form to HR@roseint.com at least 5 (five) business days before the start of your request for a Lactation Accommodation.

HR Personnel Name (Print):	HR Personnel Signature:	Date Received: