



# Unified Government Human Resources Guide

Effective: June 27, 2023

## REQUEST FOR LACTATION SPACE AND BREAK TIME

PLEASE PRINT

Name \_\_\_\_\_ Department/Division \_\_\_\_\_

Job Title \_\_\_\_\_ Date of Hire \_\_\_\_\_ Employee Number \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Location \_\_\_\_\_ Work Schedule \_\_\_\_\_

(\*include the time of your shift begins and end and the date of the week you are scheduled to work above: For example, 8am – 5pm Mon-Fri)

Supervisor's Name \_\_\_\_\_ Supervisor's Work Phone \_\_\_\_\_

### Current Workstation Type:

Cubicle       Open Space Desk       Field Work       Personal Enclosed Office       Other \_\_\_\_\_

Birth Due Date: \_\_\_\_\_

Anticipated lactation schedule: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Department Section:**

Please describe any closed private spaces in your department that could be utilized for a lactation space that is not a bathroom. If you do not have a closed private space, please contact Human Resources.

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Human Resources Section:**

Please identify lactation space determined:

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_