



PLEASE RETURN THIS FORM TO YOUR DESIGNATED HR PERSONNEL AT LEAST 10 BUSINESS DAYS BEFORE YOUR ANTICIPATED RETURN FROM CHILD BONDING LEAVE.

New Request

Request for Alteration

Name: _____ DSW#: _____ Class/Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact No.: _____ Personal Email: _____ Dept.: _____

Supervisor: _____ Employment Status: Permanent Probationary Temporary
 Provisional Exempt

Birthdate of Child: ____/____/____

Start Date for Requested Accommodation: ____/____/____

Requested Number of Breaks per Day: _____

I wish to use accrued: SP VA CTO FH during my unpaid breaks.

-OR-

The Department may provide a flexible schedule, allowing you to make up unpaid break time if it is feasible given the operational demands of the Department.

I am requesting a schedule that will allow me to make up unpaid break time and work the full amount of my regularly scheduled hours.

First Lactation Break
Requested Start and End Time:
____:____ to ____:____

Second Lactation Break
Requested Start and End Time:
____:____ to ____:____

Third Lactation Break
Requested Start and End Time:
____:____ to ____:____

Fourth Lactation Break
Requested Start and End Time:
____:____ to ____:____

Employee Signature

Date

YOU MAY BE CONTACTED BEFORE YOUR RETURN TO WORK TO DISCUSS THE REQUESTED LACTATION ACCOMMODATION AND ASSIST YOU IN TRANSITIONING BACK TO THE WORKPLACE AS A NURSING PARENT.

PRINT NAME/TITLE	SIGNATURE	DATE	APPROVE	DENY (Attach Reason ¹)
(Employee's Supervisor)				
(Personnel Officer/Designee)				

c: Leave/Medical File

¹ A request for lactation accommodation must be approved unless the requested break time will seriously disrupt the operations of the Department.