**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**

**Start Date for Requested Accommodation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Birthdate of Child: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Requested Number of Breaks per Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**First Lactation Break Second Lactation Break**

**-OR-**

**Requested Start and End Time: Requested Start and End Time:**

**\_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_**

**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.**

**Third Lactation Break Fourth Lactation Break**

**Requested Start and End Time: Requested Start and End Time:**

**\_\_\_\_\_:\_\_\_\_\_ to \_\_\_\_\_:\_\_\_\_\_ \_\_\_\_\_:\_\_\_\_\_ 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 MOTHER.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRINT NAME/TITLE** | **SIGNATURE** | **DATE** | **APPROVE** | **DENY****(Attach Reason[[1]](#footnote-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. [↑](#footnote-ref-1)