



## Lactation Accommodation Request Form

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Lactation Room Location (Check one):

Student Health Services

Other, please specify: \_\_\_\_\_

What are your anticipated days of usage? (Check all that apply).

Monday       Tuesday       Wednesday       Thursday       Friday

What are your anticipated hours of usage? (Check all that apply).

7 - 10 am       11am - 1pm       2 - 4 pm       5 - 7 pm       8 - 10 pm

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Approver: \_\_\_\_\_

Date: \_\_\_\_\_

To submit this form, scan and email to [benefits@uhd.edu](mailto:benefits@uhd.edu) or drop off at HR S910. Lactation accommodations may be available for up to one year. If you have any questions, please contact the HR Benefits Department at [benefits@uhd.edu](mailto:benefits@uhd.edu).