



LOYOLA UNIVERSITY MARYLAND

— 1852 —

Lactation Accommodation Request Form

In accordance with Loyola University Maryland’s Lactation Accommodation Policy (the Policy), breastfeeding employees may request and be provided breaks and a space to express milk during working hours. Employees are encouraged to submit the completed form as soon as they identify the need for a lactation accommodation. Employees should be aware that it may take the University up to five (5) business days to respond to the employee’s request. Providing as much advance notice as possible will assist the University in ensuring that the accommodation can be reviewed and implemented prior to the employee’s need arising (but in no event should the form be submitted less than five (5) business days in advance of the need for a lactation accommodation). The form must be signed by the employee and the employee’s supervisor and submitted to humanresources@loyola.edu to the attention of the Director of Employee Relations and Organizational Development.

EMPLOYEE INFORMATION

Name: _____
Title/Position: _____
Department: _____
Supervisor’s Name: _____

Email Address: _____
Phone Extension: _____
Office Location: _____

LACTATION ACCOMMODATION DETAILS

Anticipated Accommodation Duration: ___ / ___ / ___ until ___ / ___ / ___
Will you be using your regularly scheduled break(s) and/or lunch break to express milk? Yes/No
Number of Daily Breaks Requested: _____

Indicate the dates/times necessary for your break(s):

Table with 7 columns: Monday, Tuesday, Wednesday, Thursday, Friday, Saturday, Sunday. Each column has rows for 'Dates:' and 'Times:'.

The break(s) listed above must be recorded in the timekeeping system. Should my needs change, I will immediately notify HR and my supervisor. By signing below, I certify that the information on this form is accurate.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

HR Use Only

Description and outcome after the interactive process:

HR Signature: _____ Date: _____

Form Distribution: Employee _____ Supervisor _____ HR/Date Distributed _____