

LACTATION AREA REQUEST FORM

Part 1: To be completed by Employee

Print Full Name: _____

Center: _____ Director: _____

Cell Phone: _____ Email: _____

Date of Request: ____ / ____ / ____ **Expected End Date:** ____ / ____ / ____

Please Anticipate Schedule of Usage (list break time(s)):

Anticipated First Date of Use: ____ / ____ / ____

Any Other Information Related to Request for Lactation Accommodation, list here:

I have read and understand Imagine's **Lactation Accommodation Policy that is included with this request form**. I understand that Imagine will attempt to provide a reasonable accommodation that does not create an undue hardship on Imagine's business, including required coverage to maintain safety of all children.

Employee Signature: _____ **Date:** _____

Part 2: To be completed by Director and Human Resources

Date Request Received: ____ / ____ / ____ **Date of Response:** ____ / ____ / ____

Response - Circle One: GRANTED AS REQUESTED or,
MODIFIED ACCOMMODATION GRANTED

Modified accommodations agreed upon:

If no agreement on any reasonable accommodation, explanation of undue hardship:

Director Signature: _____ Date: _____

HR Director Signature: _____ Date: _____