



Employee Request for Lactation Time

Please complete and return this form to Equity@pgcps.org

Employee Name: _____

Employee Position: _____

EIN Number: _____ Email: _____

Telephone Number: _____ Work Location: _____

Work Schedule (Days of Week and Time): _____

Supervisor Name: _____ Supervisor Email: _____

Will you be using your regularly scheduled break(s) and/or lunch break for lactation? Y/N

Do you need additional time beyond your regularly scheduled break(s) and or lunch break for lactation? Y/N

Estimated Length of Each Additional Daily Break: _____

Please provide days and times outside of your regularly scheduled break(s) and/or lunch break needed for lactation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:	Times:	Times:	Times:	Times:	Times:	Times:

Should your needs change, immediately notify the Office of Equity Assurance and your supervisor.

Additional comments or information:

By signing below, I certify that the information on this form is accurate.

 Employee's Name and Signature Date _____

Office of Equity Assurance Use Only:

 Equity Assurance Reviewer's Signature

 Date of Receipt