Office of Human Resources

Employee's Information



5717 Corbett Hall Orono, Maine 04469-5703 Fax: 207-581-1548

> Tel: 207-581-1581 umaine.edu/hr

Lactation Accommodation Request Form

In accordance with UM's <u>Lactation Accommodation Policy</u> (the Policy), breastfeeding employees will be provided breaks and a space to express milk during working hours. For more information please visit our website at https://umaine.edu/hr/lactation-resources/. A completed and signed accommodation form should be emailed to hr-um@maine.edu at least fourteen (14) business days prior to the start of the accommodation request.

Name:			UM Email Ad	dress:			
Title/Position:			Phone Extens	Phone Extension:			
Department:			Office Location	Office Location:			
Employee Type:	☐ Hourly	☐ Salaried	Supervisor's	Supervisor's Name:			
Start Date (Mont	•						
Number of Daily Breaks Requested:							
Estimated Length of Each Daily Break:							
Will you be using your break(s) and/or lunch break to express milk?						☐ Yes ☐ No	
Will you be using a dedicated lactation room to express milk?						☐ Yes ☐ No	
Do you need additional time beyond your break(s) and/or lunch break to express milk?						☐ Yes ☐ No	
Please check all dates that apply and enter the approximate times that you will take your breaks:							
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Times:	Times:	Times:	Times:	Times:	Times:	Times:	
Please check if a dedicated lactation space does not fit your needs and a temporary accommodation is needed.							
By signing below, I hereby certify that I have read, understand, and agree to the terms of the Policy.							
Employee's Signature						Date	
Pusianina halaw I h	araby cartify that I ba	uo road and understa	nd the terms of the Po	dieu and Langreus of	this arrangement		
by signing below, I fi	етеру сегију инаст па	ve redu una unaersta.	na the terms of the Po	incy, und rupprove of	uns urrungement.		
Supervisor's Sign	ature					Date	