

**City of Houston
Lactation Arrangement Request**

Requesting Employee: _____ Date: _____

Job title: _____ Department: _____ Extension: _____

Date of Child's birth: ___/___/___

Anticipated Arrangement Duration: ___/___/___ until ___/___/___

Primary Lactation Location(s): _____

Alternate Lactation Location(s): _____

Indicate whether the lactation locations are department designated lactation locations or temporarily designated for the purpose of this Arrangement Request. If temporarily designated, please provide a brief description of the lactation location: _____

Employee's work schedule (including breaks and meal times): _____

Anticipated Lactation Breaks (including travel time): _____

If a prior Lactation Arrangement is being *amended* herein, indicate the reason and provisions being amended in the space below. Note: The HR Department must review and approve all proposed amendments: _____

Supervisor Approval: _____ Date: _____

The requesting employee's and approving supervisor's signatures below indicate that both individuals have reviewed and understand the requirements of the Workplace Lactation Policy and expressly agree to abide by the Policy.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

THE DESIGNATED HR DEPARTMENT MUST SIGN IF SUPERVISOR *DENIES OR AMENDS* LACTATION ARRANGMENT REQUEST.

HR Representative _____ Date _____

Form Distribution:
Original: Supervisor
Copy: FMLA Coordinator
Copy: Employee

Revised 03/2014