University of South Alabama
Employee's Request for Lactation Schedule and Location

Breastfeeding employees must complete this form and forward it to Human Resources by email at jaalyn.mcmillian@southalabama.edu or by fax at 251-460-7483.

Employee Name: _____ J# _____ Phone Number: _____

Employee Title: _____ Work Location: _____

Supervisor's Name: _____ Supervisor's Phone number: _____

Schedule Request: (Please be specific to the frequency, times and duration needed for expressing milk)

Employee's Signature Date

For HR use only

Schedule:

- ☐ As requested
- ☐ As modified below

Schedule Modification:

Location:

Processed by (HR) Title Date