



LACTATION BREAK AGREEMENT FORM

Employee's Name: _____

Employee's Title: _____

Department: _____

Telephone: _____

Email: _____

Manager's Name: _____

Telephone: _____

Email: _____

Lactation Break

Commencement date: _____

Lactation break entitlement: _____

Proposed lactation break(s) to be taken

Time of break(s): _____

Length of break(s): _____

Work day(s): _____

Are lactation breaks to be taken off site? Yes No

If yes, are the lactation breaks to be combined with meal breaks? Yes No





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Issues or concerns discussed:

Outcomes agreed upon:

Complete one of the following:

1. Arrangement approved. Review in _____ months with reference to outcomes agreed upon above.
2. Trial of proposed working arrangements approved for _____ months with reference to outcomes agreed upon above.
3. Proposed working arrangements cannot be approved for these reasons:

Employee's signature: _____ Date: _____

Manager's signature: _____ Date: _____

