ALLIANCE
HEALTHCARE SERVICES

Request for Lactation Accommodation Form

In accordance with Alliance HealthCare Services' Lactation Accommodation Policy and Procedure, lactating Team Members will be provided breaks and a space to express milk during working hours.

Team Members must submit this completed and signed form to their immediate Manager and the HR Express team at HRExpress@alliancehealthcareservices-us.com at least five (5) business days prior to the first date of requested lactation accommodation.

Employee's Information

Name: Email Address:

Title/Position: Phone Extension:

Department: Location:

Employee Type: ☐ Exempt ☐ Non-Exempt Manager's Name:

Lactation Accommodation Request

Start Date (Month, Day, Year):

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

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:

By signing below, I hereby certify that I have read, understand, and agree to the terms of the Policy.

Team Member's Signature Date