

**University of Houston
Lactation Accommodation Request**

Employee Requesting Accommodation: _____

Job Title: _____ Department: _____ Extension: _____

Anticipated Accommodation Duration: ___/___/___ until ___/___/___

Primary Designated Lactation Location: _____

Alternate Designated Lactation Location: _____

Please indicate whether the designated Lactation Locations are University-designated Lactation Locations or temporarily designated for the purpose of this Accommodation Request. If temporarily designated, please provide a brief description of the Lactation Location.

Scheduled Lactation Breaks (including travel time): _____

If an established Accommodation Request is *amended*, indicate the amendment and the reason for the amendment in the space below. The Office of Equal Opportunity Services must review and approve all proposed accommodation amendments.

The requesting employee's and supervisor's signatures below indicates that both individuals have reviewed and understand the requirements of the University's Workplace Lactation Policy and expressly agree to abide by Section II(C) of the Policy entitled Expectations of Supervisors and Accommodated Employees.

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

THE OFFICE OF EQUAL OPPORTUNITY SERVICES MUST SIGN IF SUPERVISOR *DENIES OR AMENDS* LACTATION ACCOMMODATION REQUEST.

EOS Representative _____ Date _____