



# LACTATION TIME REQUEST FORM

Directions: Complete and submit the request to your manager 30 days prior to your return from maternity leave

Employee Information	
Employee Name	
Employee ID Number	
Location/Department	
Position Title/Grade	
Current Work Hours	

Lactation Information	
Date Returned From Maternity Leave	
Start Date for Lactation Breaks	
Daily Lactation Break Times	
End Date for Lactation Breaks (Approximate)	
Options used for Non-compensable Time (US-19 and below, instructional assistants, hourly employees)	

Questions? Please contact [lactationquestions@fcps.edu](mailto:lactationquestions@fcps.edu)

\_\_\_\_\_  
Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name and Signature

\_\_\_\_\_  
Date

**Comments:**