



**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 [ybetler@southalabama.edu](mailto:ybetler@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)
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Employee's Signature

Date

For HR use only
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Schedule:

- As requested
- As modified below

Schedule Modification:
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Location:
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Processed by (HR)

Title

Date