Lactation Accommodation Leave Tracking Form

AM-204-7-2

Leave Used for Pay Period	Beginning	Ending
Employee Name:		I.D
Agency:		

Week of _____

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Date	Break 1	Break 2	Break 3	Total Leave	Leave Type

Week of ______

Break 1	Break 2	Break 3	Total Leave	Leave Type
	Break 1	Break 1 Break 2	Break 1Break 2Break 3Image: Stream of the stream	Break 1Break 2Break 3Total LeaveImage: Descent stateImage: Descent stateImag

I certify that the above leave was used for lactation purposes and in accordance with the terms of my lactation accommodation.

 Employee's Signature _____
 Date: _____

 Supervisor Signature
 Date:

1/9/13 (new)

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