Workplace Lactation Plan

This document is for your planning purposes only.

☐ My return to work date	is planned for
☐ I have read the Nursing	Mothers in the Workplace policy (30.029)
☐ I have identified the foll	owing <u>location</u> as my primary lactation
space:	. The lactation space coordinator for this
location is	. Email
☐ I have identified the foll	owing location as my alternate lactation
Location	. The lactation space coordinator for this
location is	Email
☐ I anticipate pumping	times per workday.
	he Workplace policy (30.029), the length of the break length must el time to/from the room to be used, 20-30 minutes. The number of
My plan for when I am away from my front desk calls to Jane during my lac	desk for lactation responsibilities will be (ie: I will forward all tation break):