Commonwealth Of Massachusetts
Human Resources Division

Nursing Mothers Policy

NURSING MOTHERS POLICY
REQUEST FORM

Name of Employee: ________________________________

Name of Agency: ________________________________

I plan to use the Nursing Mothers Room in the State House for ________ months, commencing on ______________ (month/day/year) and ending on ______________ (month/day/year). The Commonwealth understands that this schedule is flexible and might need to be adjusted at a later date.

I understand that the use of the room will not compromise my ability to perform my job duties.

I have read the Nursing Mothers Policy and will comply with its requirements.

______________________________  ________________________
Employee’s Signature            Date

______________________________  ________________________
Supervisor’s Signature           Date

The employee and her supervisor should maintain a copy of this form and a copy should be placed in the employee’s personnel file.

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