

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.*