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AM-204-7-2

m Lactation Accommodation Leave Tracking Form

Leave Used for Pay Period Beginning _____ Ending _____

Employee Name: _____ I.D. _____

Agency: _____

Week of _____

Date	Break 1	Break 2	Break 3	Total Leave	Leave Type

Week of _____

Date	Break 1	Break 2	Break 3	Total Leave	Leave Type

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: _____