

**REQUEST FOR BREASTFEEDING BREAK FORM**

Name of Employee: \_\_\_\_\_

Date of birth of baby: \_\_\_\_\_

I confirm that I will be/am breastfeeding my child and I intend availing of the breast feeding facilities and break arrangements from:

\_\_\_\_\_

The preferred manner in which I will take my break is:

- One break of 60 minutes
- Two breaks of 30 minutes
- Three breaks of 20 minutes
- Periods to be mutually agreed with my Manager

I declare that the information given above is true and complete and confirm that when I cease to breastfeed my child I will notify my Manager/Human Resources accordingly.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date