



LACTATION ROOM REQUEST FORM

EMPLOYEE INFORMATION	
Date of Form:	
Print Full Name:	Title:
Email:	Department/Classroom:
Location (check a box): <input type="checkbox"/> Clifton Park <input type="checkbox"/> Fort Edward	
Anticipated First Day of Use:	
Please Anticipate Schedule of Usage (times; e.g., 9:30am, 11:30am and 2:00pm)	
Requestor's Signature:	

DO NOT WRITE IN THIS SECTION	
Human Resources Personnel Name: Lynn Conway	
Email and Phone Number: lconway@newmeadow.org or 518-899-9235 ext. 2234	
Date Request Received:	Date of Response:
Response: <input type="checkbox"/> Granted as requested <input type="checkbox"/> Modified accommodations granted	Explanation of Modified Accommodation: