

[Date]

[Employee Name]

[Employee ID]

[Department]

**Subject: Approval of Lactation Accommodation Request**

Dear [Employee Name],

This letter is to formally approve your request for nursing and lactation break accommodations, effective [Start Date]. [Company Name] is committed to supporting your transition back to work and ensuring you have the necessary time and space for expression of milk.

**1. Break Schedule:**

You are approved for [Number] breaks per day, lasting approximately [Duration, e.g., 30 minutes] each. We understand that lactation needs may vary; please coordinate with your supervisor if adjustments to the timing are needed.

**2. Designated Location:**

A private, secure room has been designated for your use located at [Location/Room Number]. This space is shielded from view and free from intrusion by coworkers and the public.

**3. Storage:**

You may store expressed milk in the [Location, e.g., breakroom refrigerator or personal cooler]. Please ensure all containers are clearly labeled with your name and the date.

**4. Compensation:**

[Insert policy details, e.g., These breaks will be paid/unpaid in accordance with company policy and local labor laws].

If you have any questions or if your needs change, please contact [HR Contact Name] at [Phone/Email].

Sincerely,

[Signature]

[Name of Manager/HR Representative]

[Title]