

[Your Name]  
[Your Job Title]  
[Your Employee ID]

[Date]

[Supervisor's Name]  
[Department Name]  
[Company Name]

Subject: Request for Temporary Lactation Accommodations

Dear [Supervisor's Name],

I am writing to formally request temporary workplace accommodations for nursing and lactation following my return to work on [Return Date].

Under the PUMP for Nursing Mothers Act and relevant labor laws, I am requesting the following:

- **Break Time:** Reasonable break times to express breast milk. I anticipate needing [Number] breaks per day, lasting approximately [Duration] minutes each. I will coordinate with the team to ensure minimal disruption to operations.
- **Private Space:** Access to a private, shielded space-other than a bathroom-that is free from intrusion and available for my use when needed.

I expect these accommodations to be necessary until [Expected End Date or Child's First Birthday]. I am committed to maintaining my productivity and am happy to discuss a schedule that works for both my health needs and my job responsibilities.

Please let me know if there are specific forms I need to complete or if you would like to schedule a brief meeting to finalize these arrangements.

Sincerely,

[Your Signature]  
[Your Printed Name]