

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Conclusion of Nursing and Lactation Break Accommodations

Dear [Employee Name],

This letter serves as formal confirmation regarding the conclusion of your lactation break accommodations, as previously coordinated with the [Human Resources Department/Supervisor Name].

Based on our recent communication on [Date], it is our understanding that you no longer require dedicated break time or access to the lactation room for the purpose of expressing milk, effective [End Date].

Accordingly, the following adjustments will be made:

- Your work schedule will revert to your standard hours of [Standard Schedule].
- Access to the designated lactation room located at [Location/Room Number] will be deactivated/discontinued for your account effective [Date].

We hope that the provided accommodations were helpful during your transition back to work. Should your circumstances change or if you require any different workplace accommodations in the future, please do not hesitate to contact [Contact Name/Department].

Thank you for your continued contributions to [Company Name].

Sincerely,

[Your Signature]

[Your Name]

[Your Title]

[Company Name]