

Exhibit A

SCI LACTATION ROOM REQUEST FORM

EMPLOYEE INFORMATION		
Print Full Name:		<input type="checkbox"/> <i>Current Employee</i> <input type="checkbox"/> <i>Other</i>
Address:		Phone Number:
Title:		Email:
Office Telephone Number:	Division:	Supervisor Name and Phone Number:
Location:		
Date of Form:	Please Anticipate Schedule of Usage (times; e.g., between 10am-12pm):	
Anticipated First Date of Use:		
Any Other Information Related to Request for Lactation Accommodation:		
Date:	Requestor's Signature/Authorized Agent's Signature:	

DO NOT WRITE IN THIS SECTION	
Location/Unit/Division:	
Email and Phone Number:	
Date Request Received:	Date of Response:

<p>Response:</p> <p><input type="checkbox"/> Granted as requested</p> <p><input type="checkbox"/> Modified accommodation granted</p>	<p><i>Explanation of Modified Accommodation:</i></p>
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