APPENDIX H
NURSING MOTHERS PROGRAM FORM

Employee's Name:	*(To be completed by manager)* Nursing Mothers Room Location:
Facility/Line of Business/Staff Office:	Birth Date of Child:
In accordance with the applicable FAA/NATCA Collective Bargaining Agreement, I require the use of a private area to express milk during work hours beginning on _____. The private area shall be a space other than a bathroom that is uninterrupted, shielded from view, provides predictable privacy, is not accessible through another room and is free from intrusion from co-workers and the public. I understand that it is my responsibility to advise my manager when my ongoing requirement to express milk during work hours is no longer necessary.	
Employee's Signature:	Date:
Manager's Signature:	Date: