



Return to Work Plan

To: _____ Date: _____
(Employer and Supervisor's names)

From: _____ Department: _____
(Employee Name and Employee #)

My return to work date is: _____.

My goal is to continue to feed my baby my own milk for _____.
(length of time (months or years))

To provide enough milk for my baby and to prevent health complications, I will need to pump
_____ times each day at _____.
(number) (approximate times)

Setting up, pumping, storing and cleaning up from a pumping session will take around 30 minutes. Your support will help me meet my job expectations and my feeding goals, both of which are important to me.

Please let me know if you would like to discuss any changes that may be needed to meet my pumping schedule so we can be a successful team. If you need to see any documentation supporting my need for this accommodation please let me know (benefits and/or state laws).

Thank you for supporting me to accomplish my goal.

Sincerely, _____ Date: _____

Return to Work Summary

My return date: _____

My preferred work schedule: _____
(Days and Hours per week / Shift)

My pump breaks will be at: _____

I will pump at: _____ and store milk: _____
(Lactation Room Location) (Fridge Location)