

SCSU Lactation Room Registration Form

Please complete the attached form. We need to collect as much information about the use of this room as possible. Information is confidential, and will only be used for tracking room use and demographics. If you are not comfortable about any of the questions, leave them blank. We do, however, need your basic contact information. If you have any questions, please contact Francesca Poole, Office of Human Resources at X25059 or poolef1@southernct.edu

Date _____

Name _____ SCSU email _____

Phone _____ Department _____

Banner ID # _____

Mark those which apply: staff faculty
 full-time part-time

Expected/date of birth _____ Date returned/ plan to return to work _____

How frequently do you anticipate using the room? _____

Please tell us about challenges or support you have encountered regarding pumping at work:

What would you do if this room were unavailable? _____

Please note below any additional information, questions, or concerns:

By signing this form, I agree to abide by the guidelines of the lactation room.

Signature

Date

Thank you for your comments.

Please return this form to Francesca Poole in the Office of Human Resources, Wintergreen Building.

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