



Referral Form

Breastfeeding Support in the Workplace

This form is intended for use after consulting with local breastfeeding support resources to find a satisfactory solution to accommodate the breastfeeding employee's need for milk expression in the workplace.

Employee Information:

Name:

Email:

Phone:

Address:

Is/was the mother a "non-exempt (hourly)" employee? Yes No

Employer Information:

Name of business:

Contact person (preferably someone from Human Resources or owner):

Contact person's email:

Contact person's phone:

Breastfeeding Support Issue:

Time to express milk (describe):

Place for milk expression (describe):

Harassment/Retaliation (describe):

I hereby give permission for the Kansas Business Case for Breastfeeding to contact the person listed above on my behalf to aid in the resolution of matters related to breastfeeding support in the workplace.

Signature of Employee/Former Employee

Date

Please send this form to Brenda Bandy, Kansas Business Case for Breastfeeding Program Director at bandy@kansasbusinesscase.com or 3005 Cherry Hill, Manhattan, KS 66503.