Breastfeeding Sample Letter

Your Name
Street Address
City, State and Zip code
Phone number

Date

Employer
Attention: Human Resource Manager
Street Address
City, State and Zip code

TO: (Supervisor's Name)
RE: Lactation Support in the Workplace

Thank you for your support during my (amount of time) with (company name). I am looking forward to working with you to make preparations that will allow me to return to work as soon as possible after the birth of my baby.

After speaking with my physician, I have made the decision to breastfeed my baby. Many businesses across America help their employees make this choice possible, and I hope we can find solutions together.

Here is a list of my immediate needs:
1. A private area with an electrical outlet.
2. Flexibility to use break times to express milk - I will need to express milk (number) times during an (number)-hour shift. Pumping takes around (number)minutes (plus travel time).

There may be occasions when I need to go over my allotted break time, so I would like to discuss options for making up this time.

Thank you for your assistance. Knowing that (company name) is making it possible for me to continue breastfeeding will help me with the transition back to work. I look forward to discussing this with you.

Sincerely,
Name