



## **Kansas Breastfeeding Coalition 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.*

*General Resources for workplace support for breastfeeding employees - <https://ksbreastfeeding.org/cause/business-case-for-breastfeeding/>*

*Resources for "Break Time for Nursing Mothers Act" – <https://www.dol.gov/agencies/whd/nursing-mothers>*

*Resources for Pregnancy Discrimination Act - [https://www.eeoc.gov/laws/guidance/pregnancy\\_guidance.cfm#LA4b](https://www.eeoc.gov/laws/guidance/pregnancy_guidance.cfm#LA4b)*

#### ***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 Kansas Breastfeeding Coalition at [info@ksbreastfeeding.org](mailto:info@ksbreastfeeding.org).*