



**Request to Use Nursing Mothers Room
Non NIH Employees or Contractors**

This form is to request use of an NIH Nursing Mothers room by an individual who is not employed by NIH. When submitting this form and requesting access to an NIH nursing mothers room, the individual acknowledges that they are not entitled to any NIH lactation services. The person is authorized to use the room only during the time period specified on this document and must submit a new form if they wish to use the room on other dates and or times. Please forward the completed form to Jane Balkam (balkamj@od.nih.gov) in the NIH Work Life Center for approval.

*required fields

*Full Name: _____

*Identification number : _____
(From badge)

*Agency and Office of Employment : _____

*Building: _____ *Room Number: _____

*Work Phone: _____

*Home Phone: _____

*Email: _____

In case of emergency:

Supervisor's name: _____

Supervisor's phone: _____

*I wish to use the NIH Nursing Mothers room in Building _____
from _____ (date) to _____ (date).

If you know the specific times you will be using the rooms, please provide below:

*I have read and understand all the rules and agree to abide by all rules for use of
the room : (signature) _____ (date) _____