

MONTEFIORE ASSOCIATE LACTATION ROOM ACCESS REQUEST FORM

NOTE: Prior access is required to enter the Lactation Rooms. To obtain access please complete this form and send to To Your Health! Associate Wellness at toyourhealth@montefiore.org or fax to: 914.378.6053. Associates should submit this form before their return to work to allow sufficient time for processing.

I am requesting access to an Associate Lactation Suite at*: (check all that apply)

Moses Campus
(Hoffheimer 6)

Hutch Tower (Tower
II – Pediatric Side Room
11-119)

Fordham Plaza
(Room 1136)

Westchester Square
(Room 3-27)

Wakefield Campus
(107, CAMP building)

Tarrytown
(Bldg D, Ground Floor,
near loading dock)

Einstein Campus
(2-226, 2N, Main Corridor)

Yonkers Campus
(3 Odell, 2C-45A, 1st floor)

Name: _____ Email _____

Phone #: _____

Proximity Code on ID (see image): _____
(last 5 digits after long number on side of ID card – not EZ ID)



Department Name: _____ Location: _____

Supervisor Name: _____ Supervisor Phone # _____

Beginning on (Date) _____

Associate Signature _____ Date _____

Access to the Associate Lactation Suite is granted according to the Montefiore Policy: Human Resources VII-21 – Workplace Lactation Policy, available on the Montefiore Intranet.

This policy and information about breastfeeding is available to all associates on Montefiore's intranet and at <https://www.mymontebenefits.com/to-your-health/lactation-suites>.

Specific information about lactation support and lactation accommodations is also available to Associates at the time they go on maternity leave.

*An associate with Lactation space needs at locations not listed can arrange accommodations with their Manager and/or HR Business Partner.