



Fax #: 813-554-5110

Local Agency: 29

Site:

Hillsborough County WIC and Nutrition Breastfeeding Program Verification of Employment/Return to School for Pumping Mothers

Employee/Student Name _____
WIC I.D. # _____
Address _____ City _____ State ____ Zip _____
Phone _____ Mobile _____
E-Mail Address _____

This document verifies that I, _____ am an **exclusively** breastfeeding mother returning to work or school. I have discussed my pumping needs with my employer and/or appropriate administrator; including, but not limited to, adequate time, place, and storage.

I agree that I will NOT sell, give or loan this single-user pump to anyone else.

Reason for Issuance _____
Place of Employment/School _____
Address _____ City _____ State ____ Zip _____
Phone _____ E-Mail Address _____
Supervisor's Name(employment) _____
Anticipated Start Date _____ Work/School Schedule (Regular Days & Hours) _____

Under FLSA Employers are required to provide "reasonable break time for an employee to express breastmilk for her nursing child."

<http://www.dol.gov/whd/regs/compliance/whdfs73.pdf>

Participant's Signature _____ Date _____

WIC Representative's Signature _____ Date _____

This institution is an equal opportunity provider.