

Application for Lactation Breaks

Notes:

- 1) In its pledge to establish a “Breastfeeding Friendly Workplace”, the University is committed to provide lactation breaks to its eligible staff members within one year after child delivery. This application form is to be completed by the applicant for the endorsement of the Immediate Supervisor/Head of Department/Office. Please refer to the relevant policy and guidelines before filling out this form.
- 2) Staff member who intends to have lactation breaks to facilitate continuous breastfeeding after returning to work should submit an application as early as possible, preferably during pregnancy/before commencement of maternity leave.
- 3) The information provided will be used by Immediate Supervisors/Heads of Departments/Offices and the University in consideration and administration of provision of lactation breaks. All approved applications should be sent to the Dean’s Office, if applicable, and the Human Resources Office for record.

PART I APPLICATION INFORMATION (to be completed by Applicant)

Name (English) _____ Name (Chinese) _____
Post _____ Staff ID No. _____
Department/Office _____ Telephone No. _____
Expected/Actual* _____
Date of Confinement _____ * Please delete as appropriate

Proposed period for provision of lactation breaks: From _____ (yyyy/mm/dd) to _____ (yyyy/mm/dd)
(Normally within one year after child delivery)

The following pattern of lactation breaks is proposed upon consultation in the workplace: (please tick “✓” as appropriate)

- ☐ Two lactation breaks up to 30 minutes per session normally scheduled from _____ (time) and _____ (time) during the office hours; or
- ☐ One lactation break up to 1 hour normally scheduled from _____ (time); or
- ☐ Flexible working hours (please elaborate):

Use of lactation rooms: (please tick “✓” as appropriate)

☐ Yes ☐ No

Undertaking: (please tick “✓” to acknowledge)

- ☐ I understand that the provision of lactation breaks is not part of my contractual terms of appointment at the University. In consideration of this provision, I undertake with my best endeavour to work out reasonably practicable pattern of lactation breaks in my workplace and shall be prepared for reasonable adjustment when necessary.

Signature of Applicant _____ Date _____

PART II ENDORSEMENT AND APPROVAL (to be completed by Approving Authority)

Endorsed by _____ Date _____
(_____)
Immediate Supervisor

Approved by _____ Date _____
(_____)
Head of Department/Office

授乳時段申請表

注意:

- 1) 為實施「母乳餵哺友善工作間」，大學會為合資格的同事在分娩後一年內提供有薪授乳時段。同事須填妥授乳時段申請表，並經直屬上司認可後交予系主任/部門主管批核。在填寫此申請表時，請參閱有關政策及指引。
- 2) 同事如選擇在返回工作崗位後繼續授乳，應儘早在懷孕期間或產假前提交授乳時段申請表。
- 3) 所提供的資料將供直屬上司/系主任/部門主管及大學用作處理授乳時段之申請。所有獲批之申請必須遞交院長辦公室(如適用)及人力資源處存檔。

甲部 申請資料 (由申請人填寫)

姓名(英文) _____ 姓名(中文) _____
職位 _____ 職員編號 _____
部門 _____ 電話 _____

預產/實際分娩日期* _____ * 請將不適用者刪除

預計需要提供授乳時段的時期：由 _____ (年/月/日) 至 _____ (年/月/日)
(授乳時段一般只適用於分娩後一年內)

經協商所建議的授乳時段模式：(請在適當方格內加“✓”)

- ☐ 每天兩節約 30 分鐘授乳時段，一般安排在 _____ (時間) 和 _____ (時間)；或
☐ 每天一節約一小時授乳時段，一般安排在 _____ (時間)；或
☐ 彈性工作時間 (請詳述)：

需要使用授乳室：(請在適當方格內加“✓”)

- ☐ 需要 ☐ 不需要

承諾：(請在方格內加“✓”以確認)

- ☐ 本人明白授乳時段不屬本人受聘於大學之條款。本人願意與直屬上司/系主任/部門主管協商安排合適的授乳時段，並承諾在有需要時配合作靈活調動。

申請人簽名 _____ 日期 _____

乙部 認可及批核 (由有關負責人填寫)

認可 _____ 日期 _____
(_____)
直屬上司

批核 _____ 日期 _____
(_____)
系主任/部門主管