

WORK SCHEDULES POLICY

Form #	AD-102-F2	Revision #	01
Accessibility level	A	Effective date	27-April-2021

REQUEST FOR BABY FEEDING HOUR FORM

نموذج طلب فرصة ساعة مغادرة

Date: / /

Employee Name:	ID Number:	Department:
Child Birth Date (Attach Birth Certificate):		Alternative Employee:
Suggested Requested Feeding Time: From: _____ To: _____		
Type of Feeding: <input type="radio"/> Exclusive breastfeeding <input type="radio"/> Other	End of Feeding Date:	
Employee's Signature:	Date:	
Department / Unit Head's Signature:	Date:	
Employee on Duty / Alternative Employee's Signature :	Date:	

Instructions:

1. This form is used to apply for a one hour off for the purpose of baby feeding and normally is granted to mothers of newly borne babies.
2. After securing the approval of the department head, the form should be submitted to the HR office.
3. A copy of birth certificate should be attached to this form.
4. The HR department reserves the right to decide on the granted hour periodically.