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Description automatically generatedLactation Accommodation Program  
Breast Pump Loan Agreement

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I have received and reviewed the guidelines on the UCR Lactation Program and have had an opportunity to ask questions and have had all of them answered to my satisfaction. | | | | | | |
| **Loan Conditions** | | | | | | |
|  | I will return the breast pump clean and in good condition (intact in its original carrying case) by or earlier, if I am no longer using the pump. | | | | | |
|  | I understand that the breast pump must be used as intended following the manufacturer’s instructions to have full benefit of the pump. | | | | | |
|  | I understand that I am the only one authorized to use this pump. I will not loan this pump to anyone. | | | | | |
|  | I will keep the UCR Lactation Program informed of any changes to my contact information. | | | | | |
|  | I understand that the storage and transport of my expressed milk is my own responsibility. | | | | | |
|  | The UCR Lactation Program does not include containers or other accessories; therefore, it is my responsibility to furnish these items. | | | | | |
| **Participant Signature** | | | | | |
|  | | |  |  | |
| *Participant Signature* | | |  | *Date* | |
| **Participant Information** | | | | | |
|  | | | For Staff Only | | | |
| Participant Name: | |  | Pump Serial#: | |  | |
| Department: | |  | Date Issued: | |  | |
| Location: | |  | Staff Signature: | |  | |
| Email: | |  | Date Returned: | |  | |
| Phone Number: | |  | Staff Signature: | |  | |

For further information and assistance, visit the [UCR Lacation Accomodation Program webpage](https://hr.ucr.edu/employee-resources/ucr-lactation-accommodation-program).