Lactation Accommodation Program
Breast Pump Loan Agreement

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| 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).