## Bourns College of Engineering Lactation Room Use Agreement Engineering Building Unit 2 Room 214

Name:		
Phone number:		
Email:		
Staff/Student ID number:		
Weeks/Months needed: From (date)		to (date)
BCOE Affiliation:		
☐ Bioengineering	☐ Chemical/Environmental	☐ Computer Science
☐ Electrical	☐ Mechanical	☐ Dean's Office
☐ Material Science	☐ Bioengineering	☐ Other
I have read and understan	d the following:	
Purpose: The Bourns Colle	ege of Engineering has designated Er	ngineering Building II room 214 as a lactation
,	room use is given to BCOE employee se-by-case basis and may depend up	es and students. Use by non-BCOE persons on availability.
identification and complet	a key to access the room by present ing a lactation room user agreement eeds the room for lactation purpose	t. Keys must be returned to the Dean's Office
•	ect to note and initial the approxima	vent more than one person has been granted te times they plan to use the room so that
•	ay be stored in the room; labeling is	after themselves and secure the room when recommended. BCOE is not responsible for
Problems: Room issues su Facilities Coordinator at 2-		use may be reported to the BCOE Safety &
Signature	<del>-</del>	Date
Issued Key Number	Date Returned	BCOE Representative