## **Infant-at-Work Request Form**

1. Employee: Read and Sign Agreement		
I request permission to bring my infant to my workplace from Estimated Start Date to Estimated End Date		
Note: The estimated start and end dates are based on the mother's delivery date. The actual end date must be on or before the date the infant is mobile or twelve months of age, whichever occurs first.		
I have read and understand the Division policy and will comply with all the employee's responsibilities. I understand I must have a release from my physician to return to work before commencing work of any kind.		
Employee's Name (Print)	Employee's Signature	Date
2. Mandatory Pre-Program Meeting (Before the infant comes to the Division of)		
Employee, employee's supervisor and the human resource representative scheduled meeting for (Date).		
☐ Meeting with employee, employee's supervisor and the human resource representative has been held.		
HR Representative's Name (Print) HR Representative's Signature Date		
3. Supervisor	4. Chief/M	anager
☐ Recommend Approval	□ Recommend	Approval
☐ Recommend Denial (Attach Explanation for Denial)	☐ Recommend Denial)	Denial (Attach Explanation for
Supervisor's Name (Print)	Chief/Manager's N	ame (Print)
Supervisor's Signature Date  Comments:	Chief/Manager's St	gnature Date
# 5. Division Administrator (or Designee)		
# Approved	Denied	
Administrator's Name (Print)	Administrator	's Signature Date
Distribution after all signatures have been obtained:		
Original: Agency personnel file Copy: Supervisor		

Employee