

# Infant at Work Approval Form

## Employee Member Read and Sign Agreement

I request permission to bring my infant to my work site 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 of the infant is 6 months of age.

I have read and understand the Infant at Work Program Guidelines, and will comply with all the employee responsibilities.

Employee Name \_\_\_\_\_ Employee Signature \_\_\_\_\_

Employee Number \_\_\_\_\_ Date \_\_\_\_\_

## Mandatory Meeting (before the infant comes to work):

- Employee, Employee's Supervisor, and Benefits Manager scheduled meeting. Please email [Kristen.Drew@gilbertaz.gov](mailto:Kristen.Drew@gilbertaz.gov).

Benefits Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

## Supervisor

- Recommend Approval
- Alternate Assignment Provided       Human Resources Consulted      Date \_\_\_\_\_
- HR Business Partner Name \_\_\_\_\_
- Recommend Disapproval (attach justification for denial)

Supervisor Name \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

Employee Number \_\_\_\_\_ Date \_\_\_\_\_

## Department Director

- Recommend Approval
- Recommend Disapproval (attach justification for denial)

Director Name \_\_\_\_\_ Director Signature \_\_\_\_\_

Date \_\_\_\_\_