UMDHU Supervisors’ Infant at Work Review

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| Employee Name: | | Review Period: |
| Number of days/ hours infant was at work during the period: | | |
| List any special accommodations provided for the employee and infant at work: | | |
| Was this employee’s performance or productivity affected by having the infant at work? Explain. | | |
| Identify any problems (and the solutions) as a result of the infant being at the workplace. | | |
| Do you perceive that other employees’’ performance or productivity was affected? Identify any occasions or instances and supervisory action taken. | | |
| Recommendations for change. | | |
| Employee Acknowledgement | Date | |
| Supervisor Signature | Date | |