UMDHU Infant at Work Request

**General Information**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Employee: | | | Work phone | | Home Phone | | | | Cell Phone | |
| Name of infant’s other parent | | | Work Phone | | Home Phone | | | | Cell Phone | |
| Infant’s Birth Date | | | Infant at Work Begin Date | | | | Infant at Work End Date | | | |
| Days and Times Infant Will Be Present at the Workplace | | | | | | | | | | |
| Sunday | Monday | Tuesday | | Wednesday | | Thursday | | Friday | | Saturday |

**Specific Information**

|  |
| --- |
| Primary Location of the Infant While at the Workplace |
| Other Information or Requirements |

**Emergency Contacts**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Name | | | Relationship to Infant | | | |
| Address | | | | | | |
| Work Phone | Home Phone | | | | Cell Phone | |
| 1. Name | | | | Relationship to Infant | | |
| Address | | | | | | |
| Work Phone | | Home Phone | | | | Cell Phone |

I have discussed this plan with my supervisor and/or Executive Officer. I understand I can bring my infant to the workplace upon final approval of this plan. If my plan changes, I agree to complete a new plan for review and approval.

**Submitted By**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Employee/Parent | Date | Signature of Other Parent | Date |

**Approved By**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Executive Officer | Date | Signature of Supervisor | Date |