

Arizona Department of Administration
INFANT AT WORK EMERGENCY PLAN

This form must be posted in the employee's office or cubicle at all times during participation in the Infant at Work Program.

Employee's Name

Employee's Cell Phone Number

Supervisor's Name

Supervisor's Cell Phone Number

Anticipated Date Employee Will
Discontinue Bringing Infant to Work

Emergency Contact Information

The following individuals outside of the agency may retrieve my infant from the workplace in an emergency situation where I am unable to care for my infant.

Name	Primary Phone Number	Secondary Phone Number

Employee's Signature

Date Signed

HR Coordinator's
Signature

Date Signed