

**Arizona Department of Administration  
INFANT AT WORK REQUEST FORM**

Employee's Name		Request Date
EIN	Division Employed	
Supervisor's Name		Supervisor's Email Address
Anticipated Date Employee Will Begin Brining Infant to Work		
Anticipated Date Employee Will Discontinue Bringing Infant to Work		
<p>Before an Employee may bring their infant to work, their request must be approved by their supervisor and the Division Assistant Director. Additionally, the employee is required to meet with the HR Coordinator, supervisor, and Assistant Director prior to participation in the Infant at Work Program. Permission may be revoked at any time without notice.</p>		
Name of HR Coordinator of Infant at Work Program		
HR Coordinator's Email Address		HR Coordinator's Phone Number
Date Mandatory Infant at Work Meeting Held		
<p>I have read and understand the Department's Infant at Work Program Policy and will comply with all the requirements of the Policy. I understand that participation in the Infant at Work Program is a privilege and not a right of employment with the Department, and may be revoked at the discretion of the Department at any time without prior notice. I understand that if my request is approved I am only permitted to bring my infant to work until the infant is six months old or is mobile.</p>		
Employee's Signature		Date
HR Coordinator's Signature		Date
Supervisor's Name		Supervisor Recommends Approval      Yes      No
Supervisor's Signature		Date
Assistant Director's Name		Assistant Director Recommends Approval      Yes      No
Assistant Director's Signature		Date
<b>Section to Be Completed by HR Coordinator of the Infant At Work Program</b>		
Start Date in Infant At Work Program		End Date in Infant at Work Program
Revocation Date (if applicable)		If participation in the Infant at Work Program is revoked, attach the justification for the revocation to this document.