



ADHS Infant at Work approval form

1. Workforce 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 infant's delivery date. **The actual end date must be on or before the end of the week in which the infant turns 6 months of age.**

I have read and understand Hr-103 Infant at Work, and will comply with all the Workforce Member's responsibilities.

Workforce Member name (print): _____

Workforce Member signature: _____ Date: _____

2. Mandatory meeting (Before the infant comes to ADHS)

Workforce Member, Workforce Member's supervisor, and Infant at Work Coordinator will schedule a meeting. Please email infantatwork@azdhs.gov.

Meeting with employee, employee's supervisor, and Infant at Work coordinator has been held.

Coordinator name (print): _____

Coordinator signature: _____ Date: _____

3. Supervisor

Recommend approval **Alternate assignment provided**

Human Resources consulted HR rep. name (print): _____ Date: _____

Recommend disapproval (attach justification for detail)

Supervisor name (print): _____

Supervisor signature: _____ Date: _____

4. Bureau Chief or Assistant Director/Deputy Director

Recommend approval

Recommend disapproval (attach justification for denial)

Bureau Chief/AD/DD name (print): _____

Bureau Chief/AD/DD signature: _____ Date: _____