

PARENT AGREEMENT - Infants in the Workplace

Related Policy: 13.13

About this form: This form is used by an employee when requesting to participate in the Infants in the Workplace program.

- **Parent:** Complete this form and submit, along with the [Waiver of Liability](#) form to your supervisor.
- **Supervisor:** Share with Appointing Authority, DHR and BGS Commissioners or their designees for review/approval/denial

GENERAL INFORMATION									
Last Name:			First Name, Middle Initial:			Employee ID Number:		Work Phone:	
Location (Building/Cubicle or Office):			Division (Organization Unit):			Supervisor's Name:			
Infant's Name:			Infant's Date of Birth:			Plan Type Initial *Revised * If revised, effective date:			
Date Baby Begins Program*:					Date Baby Ends Program*:				
TIMES INFANT WILL BE IN THE WORKPLACE									
Please put start and end times in this format: HH:mm am (or pm)									
Mon. <i>ex: 7:45 am or 4:30 pm</i>	Start:	Tues.	Start:	Wed.	Start:	Thurs.	Start:	Fri.	Start:
	End:		End:		End:		End:		End:
CARE PROVIDER INFORMATION									
Care Provider Name:			Division/Office:			Work Phone:		Location (Building/Cubicle or Office):	
EMERGENCY PLAN AND OTHER RELEVANT INFORMATION									
Include any other relevant plan information or requirements here (be specific):									
<p>By signing this agreement, I hereby certify that I have read the Infants in the Workplace Program Policy. I understand and agree to comply with the requirements of the Policy.</p> <p>Additionally, I acknowledge that the agency reserves the right to terminate my eligibility, with or without cause, or to cancel or retire the Infants in the Workplace Program in part or in its entirety, with or without cause, requiring me to remove my infant from the workplace.</p> <p>I have reviewed this agreement with my supervisor. I understand that I can bring my infant to the workplace upon final approval to participate in the program by Human Resources and Building and General Services. If circumstances require a change to this agreement, I agree to complete a revised agreement for discussion and approval.</p>									
Parent Signature:								Date	

EMERGENCY CONTACTS

Contact Name:	Relationship:	Primary Phone:	Secondary Phone:
Contact Name:	Relationship:	Primary Phone:	Secondary Phone:

APPROVAL

Supervisor Signature:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
Appointing Authority Signature:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*

*Reason for Denial:
 Safety Concern Performance Issue Other (specify below):

DHR / BGS REVIEW

Human Resources Commissioner / Designee Signature:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
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*Reason for Denial:
 Safety Concern Performance Issue Other (specify below):

Buildings and General Services Commissioner / Designee Signature:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied*
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*Reason for Denial:
 Safety Concern Performance Issue Other (specify below):

ATTACHMENTS AND NOTIFICATIONS

Care Provider Agreements
 Waiver of Liability
 Building manager notified