SUPERVISORS' INFANT AT WORK REVIEW

STATE OF NORTH DAKOTA

SFN 54320 (2-2010)

Employee Name	Employee ID	Agency Number	Division Number	Review Period

Number of days/hours infant was at work during the period

List any special accommodations provided for the employee and infant at work.

Was this employee's performance or productivity affected by having the infant at work? ☐ Yes ☐ No

Explain.

Identify any problems (and the solutions) as a result of the infant being at the workplace.

Identify positive aspects of the program.

Do you perceive that other employees' performance or productivity was affected? ☐ Yes ☐ No

Identify any occasions or instances and supervisory action taken.

Recommendations for change.

Employee Acknowledgement	Date

Supervisor Signature	Date