



INFANT AT WORK REQUEST

STATE OF NORTH DAKOTA

SFN 54321 (4-2010)

GENERAL INFORMATION

Name of Employee		Work Phone	Home Phone	Cell Phone		
Name of Infant's Other Parent		Work Phone	Home Phone	Cell Phone		
Infant's Birth Date		Infant at Work Begin Date	Infant at Work End Date			
Days and Times Infant Will Be Present in the Workplace:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SPECIFIC INFORMATION

Primary Location of the Infant While at the Workplace
Other Information or Requirements

EMERGENCY CONTACTS

1. Name		Relationship to Infant		
Address				
Work Phone	Home Phone		Cell Phone	
2. Name		Relationship to Infant		
Address				
Work Phone	Home Phone		Cell Phone	

I have discussed this plan with my supervisor and division director. I understand that I can bring my infant to the workplace upon final approval of this plan. If my plan changes, I agree to complete a new plan for review and approval.

Submitted By

Signature of Employee/Parent	Date	Signature of Other Parent	Date
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Approved By

Signature of Supervisor	Date	Signature of Division Director	Date
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