**EMPLOYEE INDIVIDUAL PLAN**

**INFANT AT WORK**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name |  | Work Location |  |
| Department |  | Supervisor  |  |
| Work Phone |  | Cell Phone |  |
| Infant’s Name |  | Infant’s Date of Birth |  |
| *Infant must be at least six weeks old at start and six months or younger at program end:* |
| Start Date |  | End Date |  |
| Please indicate **days and times** the infant will be present at the workplace. |  |
| Emergency Contact(s) | Name Name email email Primary Phone Primary Phone Second Phone Second Phone  |
| By signing this agreement, I hereby certify that I have read and agree to comply with the Infant at Work Guidelines. I understand that if I fail to comply with the terms and conditions, eligibility may be ended, requiring me to remove my baby from the workplace.I acknowledge San Juan County is allowing me to bring my infant to work as a courtesy to employees who are new mothers, fathers, or legal guardians. Accordingly, I further acknowledge the Department Head/Elected Official reserves the right to terminate my eligibility, with or without cause, or to cancel or retire this courtesy in part or in its entirety, with or without cause, requiring me to remove my baby from the workplace immediately.I have discussed this plan with my supervisor. I understand that I can bring my baby to the workplace upon final approval of this plan. If my plan changes, I agree to complete a revised plan for discussion and approval. 🗆 **Waiver of Liability and Assumption of Risk Form** signed and attached |
| Employee |  | Date |  |
| Supervisor |  | Date |  |
| Dept. Head/Elected Official |  | Date |  |
| HR Manager |  | Date |  |