



SUPERVISORS' INFANT AT WORK REVIEW

OFFICE OF MANAGEMENT AND BUDGET

SFN 54320 (11/05)

Employee Name		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? Explain.		
Identify any problems (and the solutions) as a result of the infant being at the workplace.		
Do you perceive that other employees' performance or productivity was affected? Identify any occasions or instances and supervisory action taken.		
Recommendations for change.		
Employee Acknowledgement		Date
Supervisor Signature		Date