Employee Request for Dog in the Workplace: Part 2 Employee Name: _____ Position: ____ Department: ______ Office: _____ Tel: _____ Email: Supervisor: Dog Name: Probationary Period: _____ to Date Date **Corrective Probationary Period Checklist: Action Needed?** Yes No Dog accompanied employee to work as scheduled? Dog wearing collar, license tag and identification at all times? Dog under employee's control at all times? Dog not taken to common areas or meetings? Dog not disruptive to employee or others? Employee responsive to any colleague requests/concerns? Dog's bedding, bowls, etc. kept clean? Dog taken out regularly? Dog not causing any unworkable allergy issues for colleagues? Please describe any corrective actions that need to be taken to ensure compliance: Final Approval (check one): Granted* ☐ Denied ☐ Supervisor Signature Date * Note that approval does not guarantee continued participation in the program. Privileges may be revoked at any time for reasons identified in the Dogs in the Workplace Policy.