



### COVID-19 Childcare Accommodation Request Form

Employees should complete this form when requesting an accommodation due to a child's school or place of care being closed, and/ or because of the unavailability of a child care provider, due to concerns related to COVID-19.

Employee Name:	Employee Title:
Blinn ID Number:	Department/ Supervisor:
Contact Number:	
Requested Start Date:	Requested End Date:

I am requesting an accommodation because I am needed to care for my child due to:

\_\_\_ The closing of my child's school or place of care, due to concerns related to COVID-19.

\_\_\_ The unavailability of my child's regular child care provider due to concerns related to COVID-19.

Furthermore,

\_\_\_ I attest that no other suitable person is available to care for my child during the requested dates.

\_\_\_ I attest special circumstances exist requiring my need to care for a child age 15-17.

I, (*employee name*) \_\_\_\_\_, provide the following information in support of my request for an accommodation (*complete all that apply*):

Name of school or place of care closed due to concerns related to COVID-19:  OR Name of child caregiver unavailable due to concerns related to COVID-19:
Name and age of child(ren) I am needed to care for:  Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____
No other suitable person is available to care for my child for the requested leave period because:
The special circumstances requiring my need for leave to care for a child age 15-17 are:

*I attest that the above information is accurate and complete to the best of my knowledge. I understand that falsification of any information provided on this document and/ or any of its supporting documentation may lead to disciplinary action. Further, I understand that submission of this request, does not take the place of an approval. Human Resources will review the request and provide a response within 10 business days.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

***To be completed by Human Resources only:***

Received by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Supporting Documents Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Accommodation Approved: \_\_\_\_\_

Accommodation Not Approved: \_\_\_\_\_

Reason:

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Employee Notified by: \_\_\_\_\_

Date Employee Notified: \_\_\_\_\_

Mail: \_\_\_\_\_ Email: \_\_\_\_\_