



## EMPLOYEE REQUEST FOR CHILD ACCOMPANIMENT TO WORK

*This form to be completed by the requesting employee.*

Employee Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Date: \_\_\_\_\_

The above named employee requests the following child care options for bringing their school aged child(ren) to school on *(check all that apply)*:

\_\_\_\_\_ training days

\_\_\_\_\_ on remote instruction days

\_\_\_\_\_ other: \_\_\_\_\_

The reason for the above request is:

\_\_\_\_\_ I am caring for my child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.

Name of school/daycare: \_\_\_\_\_

\_\_\_\_\_ other: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Age/Grade: \_\_\_\_\_

I understand that if my child or I become ill at work, and exhibit symptoms of COVID19, both my child and I will be asked to leave work and go home or to the nearest health center.

We will be required to submit medical certification before returning to work.

I understand that social distancing is an effective way to prevent potential infection and, to the extent possible, we should practice staying approximately 6 feet away from others and eliminate contact with others.

I understand that in order to minimize exposure to COVID-19, PPE will be required for us whenever on district property.

I understand that there is limited availability to shared workplaces and my child (ren) must stay in my room or, supervisor designated space here: \_\_\_\_\_.

I understand that I am responsible for the discipline and supervision of my child(ren).

I understand that my request may be revoked by the Principal at any time and/or any reason.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This agreement remains in effect until Elgin ISD returns to in person instruction or until the Supervisor determines that it must cease.*

**HUMAN CAPITAL**