**Employee Dependent Care Form**

**COVID-19 School/Childcare Schedule 2020-2021**

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| **Name:** |       | **Personnel Number:** |       | **Section:** |       |
| **School Start Date:** |       |  |  |  |

*I acknowledge that I am required to submit requests for appropriate leave for all hours I am unable to perform my assigned duties. This includes any time I am not performing job assignments due to caring for my child or assisting my child with school work during some or all of my approved scheduled work hours. Such leave may include the appropriate leave as per* [*DCFS Policy 4-04 Accrual and Use of Leave for All Employees*](https://powerdms.com/link/LADCFS/document/?id=392049)*, and/or leave made available under the* ***Families First Coronavirus Response Act (FFCRA)****.* *I understand that falsification of any documentation may lead to disciplinary action up to and including termination as per* [*DCFS Policy 4-07 Disciplinary Corrective Actions and Separations*](https://powerdms.com/link/LADCFS/document/?id=391996)*.*

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| **Current Work Schedule****Please note place of work (office or remote) and the begin and end time for current work schedule:** |
| **Monday:** |       | **Tuesday:** |       |  | **Wednesday:** |       |
| **Thursday:** |       | **Friday:** |       |  | **Saturday:** |       |
| **Sunday:** |       |  |  |  |  |  |
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**Provide detailed information regarding your child(ren)’s school/childcare schedule(s) below** (i.e. M: Home 8:00–1:00, Tu: School 7:30–3:00)

*Attach copy of notice from child(ren)’s school/childcare regarding the child(ren)’s school/childcare schedule options.*

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| **CHILD #1 Name:** |       |  |
| School/Childcare: |       | Grade/Age: |       |  |
| **Schedule:** |  |  |  |
| Monday: |       | Tuesday: |       | Wednesday: |       |  |
| Thursday: |       | Friday: |       |  |
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| **CHILD #2 Name:** |       |  |
| School/Childcare: |       | Grade/Age: |       |  |
| **Schedule:** |  |  |  |
| Monday: |       | Tuesday: |       | Wednesday: |       |  |
| Thursday: |       | Friday: |       |  |
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| **CHILD #3 Name:** |       |  |
| School/Childcare: |       | Grade/Age: |       |  |
| **Schedule:** |  |  |  |
| Monday: |       | Tuesday: |       | Wednesday: |       |  |
| Thursday: |       | Friday: |       |  |
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| **CHILD #4 Name:** |       |  |
| School/Childcare: |       | Grade/Age: |       |  |
| **Schedule:** |  |  |  |
| Monday: |       | Tuesday: |       | Wednesday: |       |  |
| Thursday: |       | Friday: |       |  |
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| **CHILD #5 Name:** |       |  |
| School/Childcare: |       | Grade/Age: |       |  |
| **Schedule:** |  |  |  |
| Monday: |       | Tuesday: |     | Wednesday: |       |  |
| Thursday: |       | Friday: |       |  |
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| **Work Schedule Conflicts**Based on the information above identify any days and/or hours of your schedule you will not be able to perform your job duties due  |
| to your need to assist your child(ren) with school/childcare activities: | Monday: |       | Tuesday: |       |
| Wednesday: |       | Thursday: |       | Friday: |       |  |
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| ***Do you require a schedule change?* Yes [ ]  No [ ]**  | **Employee’s Name:** |       |

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| *If* ***NO****: By* ***typing my initials****, I certify that I do not need to modify my work schedule to accommodate my child(ren)’s school/childcare schedule related to COVID-19, that I believe that when I am scheduled to work from home I am able to remotely perform the duties of my position and that I will comply with my approved work schedule.**If an alternate schedule is needed, I will submit a new request*  |
| *with updated documentation from my child(ren)’s school/childcare. (type initials here)* |       |  |

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| *If* ***YES****: By* ***typing my initials****, I certify that I am requesting to modify my work schedule temporarily to accommodate my child(ren)’s school/childcare schedule related to COVID-19, that I believe when I am scheduled to work from home I am able to remotely perform the duties of my position, and that I will comply with the alternate work schedule upon approval.* *If the alternate schedule is needed beyond 60 days, I will submit a new request with updated documentation from my child(ren)’s school/childcare.* |
| *(type initials here)* |       |  |

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| ***SUPERVISOR****: Reviewed and recommend approval of an alternate schedule.* Yes [ ]  No [ ]  | Name: |       |
| Initial to certify: |       | **Alternate Schedule Effective Date:** |       |  |

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| ***MANAGER:*** *Reviewed and recommend approval of an alternate schedule.* Yes [ ]  No [ ]  | Name: |       |
| Initial to certify: |       |  |  |  |

**NEXT STEP: If a schedule change is needed complete the** [***DCFS COVID-19 TEMPORARY WORK SCHEDULE FORM***](http://dcfs.louisiana.gov/assets/docs/searchable/Employees_Only/DCFS-COVID-19-Temporary-Work-Schedule-Form-fillable-1.docx)**if approval recommended.**

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| ***APPOINTING AUTHORITY****: Reviewed and agree to an alternate work schedule as recommended by the Supervisor.* | Yes [ ]  No [ ]  |
| Appointing Authority Name: |       | Initial here: |       |  |

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| **HR USE ONLY****DCFS COVID-19 Temporary Work Schedule Form Submitted:** Yes [ ]  No [ ]  **Schedule Change Needed:** Yes [ ]  No [ ] **Change entered in LaGov:** Yes [ ]  No [ ] **Required Documentation:** Notification from school/childcare of child’s schedule. Documentation Received: Yes [ ]  No [ ]  |