

**BARRINGTON PUBLIC SCHOOLS**  
**EMPLOYEE CERTIFICATION FORM**  
**TELEWORK FOR CHILD CAREGIVER**

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

1. Date(s) and Days of Week Remote Work Requested: \_\_\_\_\_

2. Provide information concerning each child for whom you are caring (please fill out a separate certification concerning each applicable child):

a. Name: \_\_\_\_\_

b. Age: \_\_\_\_\_

c. Grade Level (if applicable): \_\_\_\_\_

3. Has your child's school been closed for a COVID-19 related reason?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please answer the following:

i. Date(s) child's school closed: \_\_\_\_\_

ii. Name and address of child's school that has closed:  
\_\_\_\_\_

iii. If your child is engaged in "virtual learning" activities, please provide the timeframes for such activities:

a. Monday: \_\_\_\_\_

b. Tuesday: \_\_\_\_\_

c. Wednesday: \_\_\_\_\_

d. Thursday: \_\_\_\_\_

e. Friday: \_\_\_\_\_

If timeframes vary, you may be asked to supplement this information.

4. Has your child's place of care been closed for a COVID-19 related reason?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please answer the following:

i. Date(s) child's place of care closed: \_\_\_\_\_

ii. Name and address of child's place of care that has closed:

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iii. Monies (tuition etc.) that you had regularly had been paying to this place of care: \_\_\_\_\_

5. Is your care provider unavailable due to a COVID-19 related reason?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please answer the following:

i. Date(s) child's care provider is unavailable: \_\_\_\_\_

ii. Name of child's care provider: \_\_\_\_\_

iii. Compensation that you regularly paid to provider: \_\_\_\_\_

6. Are you able safely and reasonably to perform telework during the time period that your child is home due to a school closure, a place of care closure, or the unavailability of a care provider? (please supplement with additional pages as necessary)  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please confirm and explain how you will be able to ensure that you are available to carry out all essential job duties while your child is home:

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**Please return a completed and signed form as soon as practicable.**

By signing below, I certify that the information provided above is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date