

For District Use Only
 Date Received: _____
 Received By: _____

UNION GAP SCHOOL DISTRICT

Accommodation Request Due to School Closure/Child Care Unavailability

Employee Name: _____ **Date:** _____

Employees with Children Impacted by School Closure or Child Care Unavailability:

When services on-site are required for a particular assignment, and an employee is unable to fulfill that assignment, the District will make every reasonable effort to find alternative work-from-home assignments for employees who are willing, prepared and available to do so.

If work-from-home assignments are not available for an employee unable to fulfill an assignment at a District worksite, the District will work with each employee to identify all of the available paid leave, unpaid leave, insurance benefits, and other governmental benefits available under law or the applicable bargaining agreement.

- I am submitting an accommodation request to work from home while the district is in a virtual learning model due to my son/daughter/children’s school or daycare provider is closed or unavailable due to reasons related to COVID-19.**

Note: Do not use this form if the District is currently operating under a hybrid model or any other model other than a Virtual Learning model (i.e., fully remote instruction).

Child and School/Child Care Provider Information:

Name of Child 1:		Age/Grade Level:	
Name of School/Child Care Provider:			
Name of Child 2:		Age/Grade Level:	
Name of School/Child Care Provider:			
Name of Child 3:		Age/Grade Level:	
Name of School/Child Care Provider:			

Attach additional sheets as needed to provide the above information about additional children.

Date Requested Alternative Work Assignment to Begin: _____

By my signature, I am attesting that I have no available childcare for my son/daughter/children because their school or childcare provider is closed or unavailable for reasons related to COVID-19. Therefore, I am requesting alternative accommodations to work from home while the District remains in a virtual model of instruction. I understand my professional responsibilities extend to my home for this accommodation and if unable to provide those services to my students as required, I will take appropriate leave or return to an in-person assignment.

Signature: _____ **Date:** _____