



SUPPLEMENTAL EMERGENCY SICK LEAVE or FMLA CHILD CARE REQUEST FORM (NO ENROLLMENT)

(Please return this completed form to a department human resources representative, supervisor, or manager)

Name: _____ (Please print)	_____	_____
	(DSW ID Number)	(Contact Phone)
Address: _____ (Street)	_____	
	(City, State, ZIP)	
Department: _____ (Division/Section/Supervisor)	_____	
	(Department Name)	

MY CHILD WAS ENROLLED IN THE FOLLOWING SUMMER CAMP, SUMMER PROGRAM OR SUMMER CHILDCARE SERVICE LAST SUMMER (2019), AND I AM SEEKING LEAVE ON THE BASIS OF THAT PRIOR ENROLLMENT:

Name(s) and age(s) of child(ren) I need to care for this summer who were enrolled in a summer camp, program or childcare service last summer (2019):

1. _____ Age: _____ 2. _____ Age: _____
3. _____ Age: _____ 4. _____ Age: _____

Name(s) of summer camp, summer program, summer childcare provider:

Address: _____
City: _____ State: _____

Dates child(ren) attended last year: From: _____ to: _____

Other summer camp, program, childcare provide name(s):

Address: _____
City: _____ State: _____

Dates child(ren) attended last year: From: _____ to: _____

ACKNOWLEDGEMENT AND CERTIFICATION

I CERTIFY THAT, DESPITE REASONABLE EFFORTS TO DO SO, I AM UNABLE TO ENROLL MY CHILD(REN) IN A SUMMER CAMP, SUMMER PROGRAM OR SUMMER CHILD CARE DUE TO THE COVID-19 PANDEMIC.

Signature _____ **Date** _____

cc: Official Employee Personnel Folder