

## CHILDCARE - WORK FROM HOME ACCOMMODATION FORM FOR COVID-19

Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

### A. Questions to clarify childcare requested. (Please attach additional pages if needed)

What days/hours are you requesting to work remotely?

What other options have been explored?

### B. Questions regarding job duties, functions & accessibility. (Please attach additional pages if needed)

Provide a description of your current job duties.

What job duties do you perceive could be performed from home and how (be very detailed)?

Do you have VPN access, internet access and equipment necessary to perform your job from home? Please specify below:

### C. Certification and Signature

I certify that the information provided is true and accurate and that I understand I will need to track work hours, days and duties performed while working remotely.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of Request

I support this request to work from home and certify that these duties can be completed remotely.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date of Request