



CHILDCARE STIPEND APPLICATION

Employee Name:		Supervisor:	
Company Name:		Job Title:	
Work Address:		City, State:	
Hire Date:		FT or PT:	
Name of New Childcare Provider:			
Address:		Phone Number:	
Is child's school/daycare closed? <i>(If yes, please include name(s) of School/Daycare below and attach a copy of closure notification)</i>			
Length of time childcare support is needed?			
Comments / Additional Information:			
Employee Signature:			

NOTE: Please complete form and submit to your HR Manager. Once approval is given to HR from the appropriate Director/Regional Director, the form will be sent to Payroll/Timekeeping for processing. Stipend payments will be processed with the regular payroll cycle, and will cover shifts worked Monday – Friday.

The childcare assistance is available until June 1, 2020 or the end of the school term, whichever comes first. **If Government assistance is initiated for childcare this program may be re-visited.** Stipend payments will be processed with the regular payroll process.

Director Approval:

Is employee designated as critical/essential personnel (must work in the office, cannot work from home) Choose an item.

Printed Name

Signature

Job Title

Date