Crowley Independent School District
Employee Request for Childcare Accommodation
While Schools are Closed to In-Person Instruction

Employee Name: _______________________________ Employee ID #: _______________________________
Campus: ____________________________ Assignment: ____________________________

The standard expectation is for teachers to teach from their classrooms during virtual learning and for staff to work in-person. Employees with childcare needs for school-age children due to school closures can submit this request for a childcare accommodation for review by a campus committee.

By submitting this request for accommodation, employee understands and agrees to the following:

• They are making a request for a reasonable accommodation for childcare for their school-age child(ren) because their child(ren)’s school is closed due to COVID-19;

• A committee will review the request to determine whether the requested accommodation is approved;

• If approved, the accommodation will remain in effect until CISD schools open for in-person instruction;

• Employee and their child(ren) will be required to complete health screenings, adhere to mask protocols, and follow all District policies and procedures while on campus;

• If approved, the District, at its sole discretion, may revoke this accommodation should it interfere with employee’s ability to perform the essential duties of their job description;

• If approved, Employee understands that allowing their child(ren) to use of the District’s equipment or facilities may involve some risk of personal injury, including being exposed to COVID-19. Employee attests that: 1) they are voluntarily allowing their child(ren) to use the District’s equipment or facilities; 2) they assume full responsibility for any loss, property damage or personal injury, including illness or death; 3) their child(ren) or their property may sustain as a result thereof, whether caused by the negligence of any of the District or otherwise, including without limitation as a result of negligent rescue operations; and 4) they represent and warrant that, to the best of their actual or constructive knowledge, there is no reason, medical or otherwise, that would make their child(ren)’s presence at the District unusually hazardous for them personally; and

• If approved, Employee agree that they and their heirs, assigns, successors, executors, and administrators fully release, indemnify and hold the District, harmless, forever and unconditionally, from any claim, loss, cost, injury, or damage (including without limitation attorneys’ fees and related costs), in law or equity, known or unknown, existing or claimed to exist that arises out of or relates to any injury (including without limitation death), accident, loss, and/or other damage that they, their child(ren), or our property may suffer while using any of the District’s equipment or facilities.

Attestation

I attest that I do not have available childcare for my school-aged child(ren) because my child(ren)’s school is closed for in-person instruction. I wish to request the following in order to continue to fulfill my job-related duties: (Please select one of the following)
_____ Bring Child(ren) to Work: I request approval to bring my school-aged child(ren) to work with me until my child(ren)’s school opens for in-person instruction. I understand that my child(ren) will always be under my supervision. The District will not provide any meals or supervision for students. I understand that if this request is approved, the decision may be changed if my children adversely impact my ability to perform my job duties or the operations of the campus.

Age(s) of my child(ren) ____________________, ____________________, ____________________, ____________________

School district my child(ren) attend__________________________________________

Date my child(ren)’s district opens for in-person instruction ________________

_____ Telework: I request approval to telework to fulfill my job-related duties. I understand that for my request to be considered, I must hold a position whose duties and responsibilities can be fulfilled by working remotely from home. I also understand that if this request is approved, the decision may be changed if I am unable to perform my job-related duties and effectively meet the needs of my students or other stakeholders.

Ages of my child(ren) ____________________, ____________________, ____________________

School district my child(ren) attend__________________________________________

Date my child(ren)’s district opens for in-person instruction ________________

Employee Signature ____________________________ Date ________________

Return this form to your supervisor for review by August 24, 2020.

For internal office use only:

Request to bring child(ren) to work approved __________________

Request to telework approved __________________

Request denied. Reason(s) for denial: __________________________________________

Date supervisor communicated decision to employee: ________________________________

Supervisor’s Signature __________________________________________________________

After review and decision of the committee, a copy of this form must be sent to Michael Williams, Director Human Resources. The supervisor is responsible for retaining the original form.