

<b>Last Name:</b>		<b>First Name:</b>	
<b>Personnel #:</b>	<b>Job Title:</b>	<b>Request Date:</b>	
<b>Office/Division:</b>		<b>Supervisor:</b>	
<b>Step 1: EMPLOYEE COMPLETES AND ROUTES TO IMMEDIATE SUPERVISOR</b>			
<p><b>Select all that apply:</b></p> <p><input type="checkbox"/> I am requesting an alternate work arrangement from the LDOE in order to care for my child(ren) or provide support to my child(ren) for educational activities related to COVID-19.</p> <p><input type="checkbox"/> I am requesting paid leave under the Families First Coronavirus Response Act (FFCRA) in order to care for my child(ren) or provide support to my child(ren) for educational activities related to COVID-19.</p> <p><b>By typing my initials below, I hereby acknowledge and certify my agreement to the following: (Initial by each statement)</b></p> <p>_____ I acknowledge that no other suitable person is available to care for my child(ren).</p> <p>_____ I acknowledge that I may be required to provide documentation from the school for the information provided for each child listed below.</p> <p>_____ I acknowledge that I will need to recertify my alternate work arrangement every nine weeks (60 days) during the school year, if my child(ren)'s attendance selection changes, and once regular in-person school attendance resumes.</p> <p>_____ I acknowledge that I am required to submit requests for appropriate leave for all hours I am unable to perform my assigned duties. This includes any time I am not performing job assignments due to assisting my child with school work during some or all of a work day.</p>			
<b>Child #1:</b>		<b>Date of Birth:</b>	<b>Grade:</b>
<b>School Name:</b>		<b>School Phone #:</b>	
<p><b>Select all of the school reopening options offered by the school above:</b></p> <p><input type="checkbox"/> In-person Learning (5 days a week)</p> <p><input type="checkbox"/> Hybrid (mix of in-person &amp; virtual learning)</p> <p><input type="checkbox"/> 100% Virtual Learning</p>		<p><b>I have selected the following option for the child listed above:</b></p> <p><input type="checkbox"/> In-person Learning (5 days a week)</p> <p><input type="checkbox"/> Hybrid (mix of in-person &amp; virtual learning)</p> <p><input type="checkbox"/> 100% Virtual Learning</p>	
<b>Child #2:</b>		<b>Date of Birth:</b>	<b>Grade:</b>
<b>School Name:</b>		<b>School Phone #:</b>	
<p><b>Select all of the school reopening options offered by the school above:</b></p> <p><input type="checkbox"/> In-person Learning (5 days a week)</p> <p><input type="checkbox"/> Hybrid (mix of in-person &amp; virtual learning)</p> <p><input type="checkbox"/> 100% Virtual Learning</p>		<p><b>I have selected the following option for the child listed above:</b></p> <p><input type="checkbox"/> In-person Learning (5 days a week)</p> <p><input type="checkbox"/> Hybrid (mix of in-person &amp; virtual learning)</p> <p><input type="checkbox"/> 100% Virtual Learning</p>	
<b>Child #3:</b>		<b>Date of Birth:</b>	<b>Grade:</b>
<b>School Name:</b>		<b>School Phone #:</b>	
<p><b>Select all of the school reopening options offered by the school above:</b></p> <p><input type="checkbox"/> In-person Learning (5 days a week)</p> <p><input type="checkbox"/> Hybrid (mix of in-person &amp; virtual learning)</p> <p><input type="checkbox"/> 100% Virtual Learning</p>		<p><b>I have selected the following option for the child listed above:</b></p> <p><input type="checkbox"/> In-person Learning (5 days a week)</p> <p><input type="checkbox"/> Hybrid (mix of in-person &amp; virtual learning)</p> <p><input type="checkbox"/> 100% Virtual Learning</p>	
<p><input type="checkbox"/> Check here if you have additional children and attached another completed page 1 to your request.</p>			

What type of alternate work arrangement are you requesting? (e.g., telecommuting, alternate work schedule, etc.) Provide the specific work arrangement you are requesting and include the length of time it will be needed.

**Step 2: IMMEDIATE SUPERVISOR COMPLETES AND ROUTES TO THEIR APPOINTING AUTHORITY**

If requested, is the employee able to perform the duties and responsibilities of his/her position through telecommuting?  Yes\*  No

*\*The employee will need an approved Telecommuting Work Agreement if temporary telecommuting is approved as part of the alternate work arrangement.*

If requested, is an alternate work schedule feasible based on the duties and responsibilities of the employee's position?  Yes\*  No

*\*The employee will need to submit an updated Request for Flexible Work Schedule to Human Resources if approved as part of the alternate work arrangement.*

Define/Describe the alternate work arrangement as agreed between the employee and immediate supervisor.

**Certification:** *By typing my initials below, I certify that I have reviewed this employee's request for an alternate work arrangement and recommend approval as indicated above to the appointing authority.*

\_\_\_\_\_  
**Immediate Supervisor Printed Name**

\_\_\_\_\_  
**Initial to Certify**

\_\_\_\_\_  
**Date**

**Step 3: APPOINTING AUTHORITY APPROVAL AND ROUTES TO HUMAN RESOURCES**

**Certification:** *By typing my initials below, I certify that I have reviewed this employee's request and approve the alternate work arrangement as indicated above.*

\_\_\_\_\_  
**Appointing Authority Printed Name**

\_\_\_\_\_  
**Initial to Certify**

\_\_\_\_\_  
**Date**

**Step 4: HUMAN RESOURCES REVIEW**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Select all item(s) received that are part of this employee's approved alternate work arrangement:

- Request for Flexible Work Schedule – Date entered into the system: \_\_\_\_\_
- Documentation from the school regarding the attendance schedule for the child(ren) included in this request
- Approved Telecommuting Work Agreement
- Other: \_\_\_\_\_

FFCRA paid leave eligible:  Yes  No

Annual Leave Balance: \_\_\_\_\_