

**REQUEST FOR FAMILY STATUS ACCOMMODATION RELATED TO CHILDCARE
OBLIGATIONS ASSOCIATED WITH COVID-19**

The parties recognize that the Manitoba *Human Rights Code* establishes a reasonable accommodation requirement to the point of undue hardship, in order to accommodate the special needs of any person or group where those needs are based on the protected characteristics as set out in the Manitoba *Human Rights Code*.

Staff who are requesting an accommodation on account of childcare obligations which have arisen as a result of COVID-19 are required to complete this form and submit it to their supervisor.

First Name: _____

Last Name: _____

Employee ID#: _____

Classification: _____

Site: _____

Department: _____

Details regarding the nature of the accommodation being requested (ex: change in start and end times, flexed work-day, EFT reduction, etc.):

Child's Name Requiring Care	Child's Date of Birth (DD/MM/YYYY)	Special Circumstances or Care Needs of Child (if child is over 12 years of age)	Other Special Considerations

Note: Proof of age must be provided (copy of Manitoba Health Card, Birth Certificate is acceptable) with the form.

Reason for Request (check all that apply):

School Transportation Limitations

Temporary School or Daycare Closure

Before and After School Childcare

Other (please explain):

Availability of Full-Time Childcare
(for non-school age children)

Employees are expected to make all reasonable efforts to explore, coordinate and secure alternate childcare arrangements prior to requesting an accommodation. Please provide a details on the alternate childcare arrangements explored and considered (ex: transportation options and limitations, including bussing, carpooling and availability of other parent/legal guardian, relative, family, neighbors, etc., efforts undertaken to secure childcare, coordination or schedules and availability of child(ren)'s other parent/legal guardian, including efforts made to modify their work schedule, efforts by employee to coordinate shift interchanges with co-workers, etc.):

Employee's signature

Date

Once completed, please return form to your Manager and copy your Human Resources Department.