

CHILDCARE AFFIDAVIT

*Only for employees seeking FMLA under the FFCRA expansion and/or qualifying reason (5) under the EPSLA

Employee Name:

Position:

Child/Children Name(s):

Child/Children D.O.B.:

Name(s) of other adult(s) living or residing in your home:

Prior to March 13, 2020, provide the following information for each child listed above:

Name of Child	School/Child Care Center or Name of Child Care Provider	Date Facility Closed or Child Care Provider Unavailable	For childcare providers not affiliated with an organization/entity provide name and contact information

Note: Some childcare facilities have received waivers from the Commonwealth to continue to operate. In order to be eligible for leave, your childcare facility must not be operating under a waiver.

Please explain the childcare arrangements currently in place, including relevant information about ability of other adults living in your home to provide childcare:

I certify that I am an employee of _____ (insert District name) and am unable to telework. Due to the public health emergency, COVID-19 pandemic, my child/ children's school district or childcare facility and/or childcare provider is closed. Because of this closing and no alternate childcare available, I need to take a leave to care for my child/ children. I hereby verify that the factual statements made in this affidavit are true and correct to the best of my knowledge, information, and belief. I understand that if I misrepresent any information on this form, I may be subject to disciplinary action up to and including discharge, and that the statements made herein are subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Signature of Employee

Date