

**REQUEST FOR FAMILY STATUS ACCOMMODATION DUE TO SCHOOL AND/OR DAYCARE CLOSURES**

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 a work from home arrangement and/or time off to accommodate child care needs due to school and/or daycare closures MUST fill out this form.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Employee ID#: \_\_\_\_\_ Classification : \_\_\_\_\_  
 Site: \_\_\_\_\_ Department: \_\_\_\_\_

Dates of Accommodation being requested: \_\_\_\_\_

*Note: For leaves over 14 days employees need to follow the leave of absence process. For unpaid leaves of absence, employees may be responsible to pre-pay the employee and employer portions of the benefit premium in order to maintain uninterrupted coverage. For personal leaves, benefits should be arranged as far in advance of the leave as possible*

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)

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

Reason for Request:

- School Closure
- Day care closure
- Other (please explain):

Requests for accommodation should be made when all other reasonable efforts on the part of the employee to find alternate care for your child/children have occurred.

**Declaration:**

By signing below, I, \_\_\_\_\_, declare that I have made all reasonable efforts to find alternate child care arrangements for my child/children before submitting this request. Those efforts have included, but are not limited to, inquiring or attempting to switch shifts, inquiring with my manager regarding adjustments to my schedule, attempting to make arrangements with my spouse or other legal guardian of the child/children to coordinate schedules or modify his/her work schedule, and inquiring with family and friends regarding their ability to assist with child care.

**This Secondary Declaration is Applicable to Front Line Health Care Providers Only:**

In addition to the efforts noted above, I \_\_\_\_\_, declare that I have also contacted 204-945-0776 or 1-888-213-4754 (toll-free) to inquire as to what alternative care can be provided while my childcare services are suspended and will inform my Employer immediately following any changes to my availability should front line childcare services be made available to me.

Please identify if there are other days of the week, shift lengths, flexed shifts or shift times (day/evening/night) which you would be able to work in lieu of your regularly scheduled shift:

If when granted, your accommodation results in you being absent from the workplace for an extended period of time, this time will be an unpaid leave of absence, unless you have available to you and elect to draw on banked entitlements to supplement your income. Should you wish to utilize any banked entitlements, please indicate which of the following banks you wish to draw from. If you wish to utilize more than one bank, please indicate the order in which banks should be drawn from (1, 2, 3):

\_\_\_\_ Vacation      \_\_\_\_ Overtime      \_\_\_\_ Stat

In the event you do not have any hours accrued in the above noted banks you will be placed on an unpaid leave of absence. Any unpaid leave of absence that consistently continues for longer than fourteen (14) days must be reported to HRSS or your respective Employer Benefits Coordinator to discuss the prepayment of benefits.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

Once completed, please return form to your Manager or designate who will then provide a copy to your Employer's Human Resources Department