**COVID-19 Child Care Subsidy Request**

Case Western Reserve University is offering a child care subsidy for certain benefits-eligible faculty and staff whose annual salary is under $100,000. The subsidy is limited to $600 per semester per household to help offset childcare costs. To be eligible, faculty must teach a formal course during the fall semester in any modality, and staff must be full-time staff working on campus during the semester (starting August 24, 2020). Employees must have at least one school-age child in grades K-4 enrolled in a public or private school and live in a school district that has declared remote learning for the fall of 2020. **Employees must apply on or before 5:00pm on October 31, 2020 and provide certification that the school district as well as school chose to go remote (i.e. a printout from the website, letter, or email from the school district and school). In addition, receipts from the childcare facility/provider must be submitted with the request.**

|  |  |
| --- | --- |
| Faculty/StaffName        | Employee ID #      |
| Dept/Mgmt Ctr       | Job Title       | [ ]  Staff [ ]  Faculty  |
| SupervisorName        | Faculty/Staff WorkPhone #       | Faculty/Staff CWRUEmail Address        |

**Please complete the below section for each child in the household by including name, grade for the 2020-2021 school year, school district, and name of the school of which they attend. In addition, please ensure you have included the documentation from the school and district that shows the decision to go remote.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Child’s Name*** | ***Grade for 2020-2021 School Year*** | ***Name of School & District (include documentation from district and school)*** | ***Name of Childcare Facility/Provider (include receipt)***  | ***Amount*** |
|  |  |  |  | ***$*** |
|  |  |  |  | ***$*** |
|  |  |  |  | ***$*** |
|  |  |  |  | ***$*** |
|  |  |  |  | ***$*** |

 ***Total: $***

**Please submit this completed form, along with the documentation from your child(ren)’s school district and school, and receipts to** **AskHR@case.edu****.**

|  |
| --- |
| My signature affirms that all information provided on this form is complete and true to the best of my knowledge. I acknowledge that the reimbursement is a taxable benefit and understand that it will be added to my taxable income with applicable tax withholdings being taken on my next paycheck. |
| **Employee Signature** | **Date** |
| ***Faculty Only:*****Department Chair Signature** | **Date** |