



CHILDCARE STIPEND APPLICATION

Please complete all fields before submitting to Human Resources

Employee Name:		Supervisor:	
Employee ID:		Job Title:	
Company Name:		City, State:	
Work Address:		FT or PT:	
Age of Child:		Mobile Phone:	
Does your spouse or domestic partner work for any GMR company? Yes or No			
School District:			State:
Is child's school/daycare closed? <i>(If yes, please include name(s) of School/Daycare below and attach a copy of closure notification)</i>			
Is child's school/daycare on a split schedule? <i>(If yes, please list the days of the week the child will be at home)</i>			
Name of New Childcare Provider:			
Address:		Phone Number:	
Length of time childcare support is needed.			
Comments / Additional Information:			
Employee Signature:			
Department Director Signature:			

The childcare assistance program is available beginning August 1, 2020 and will be reviewed quarterly at which time GMR will evaluate the continuation, postponement, or suspension of the program. **If Government assistance is initiated for childcare this program may be re-visited.** Stipend payments will be processed with the regular payroll process.

Human Resources Approval: Name _____ Job Title _____ Date _____