



**BAYONNE BOARD OF EDUCATION
ADMINISTRATION BUILDING**

669 Avenue A
Bayonne, NJ 07002

Kenneth Kopacz
ASSISTANT SUPERINTENDENT

Tel: (201)-858-5847
Fax: (201)-339-7431

FORM B

Requests for Leave due to Unavailability of Childcare

Employee Name: _____

Job Title: _____

Work Schedule (days and times): _____

Work Site(s): _____

Name of the employee's child(ren) for whom childcare is needed: _____

For each child, please identify:

Name of the school, place of care, or childcare provider that has closed or become unavailable due to COVID-19:

Period for Leave Request (up to 12 weeks): _____

If additional, unpaid, leave is requested, please advise as to the anticipated dates for the leave:



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Employee attestation:

I, _____, attest that no other suitable person is available to care for my child(ren) during the requested leave period, and therefore leave from work is necessary.

Employee Signature: _____

Date: _____