



David Geffen School of Medicine

Childcare Assistance 2020 Application COVID-19

Full Name: _____
Home Address: _____
Department: _____
Contact #: _____
Director Name: _____

Date: _____
City, Zip: _____
Title: _____
University ID#: _____
Director Ext: _____

(Please check the week in which you are applying)
Application for the previous week is due on the following Thursday by 5 p.m.

- Week 1 April 20 - 25 Application due 4/30
Week 2 April 26 - May 2 Application due 5/6
Week 3 May 3 - 9 Application due 5/14
Week 4 May 10 - 16 Application due 5/21
Week 5 May 17 - 23 Application due 5/28
Week 6 May 24 - 30 Application due 6/4

(Please check the days you have worked and used childcare)

Table with 7 columns: Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday

How do you currently receive your paycheck from the university: [] Direct Deposit [] Paper Check

In requesting these funds, I certify that I am using them for purposes of child care and that my child care provider is following County Health Department COVID - 19 guidance.

Employee Signature: _____ Date: _____

BELOW FOR HUMAN RESOURCES ONLY

Date Application Received: _____ Amount of Assistance Approved: \$ _____
Work Schedule Verified By: _____ Human Resources Signature: _____
Comments/Notes: _____ Date: _____