

Request for leave of absence (on a daily or hourly basis) to take care of children / dependent family members during the ongoing Coronavirus pandemic



TECHNISCHE
UNIVERSITÄT
DARMSTADT

Surname, first name of employee or staff member/personnel reference number

Surname, first name of child, date of birth

The requirements listed below apply to my situation:

1. Complete or partial closure (restricted regular operations) outside of school breaks or regular periods of closure

of a childcare facility (such as a day-care centre, day-nursery, kindergarten)

or

a school

by the responsible authority.

2. The child affected by the closure or restricted regular operations

is younger than 12 years

or

requires assistance due to physical, mental or emotional disabilities
(no age limit)

**3. To ensure childcare, the options below must be used first: opting for flexible working hours, using up overtime hours or flexi-time credits or remaining annual leave
*Employees and staff concerned and entitled to custody confirm that these options have been exhausted.***

4. Another acceptable childcare alternative cannot be ensured. An acceptable childcare alternative exists, if the other parent or a private mutual-care arrangement can step in or if there is a right to emergency care in accordance with the legal regulations of the State of Hesse.

Please indicate why these alternative childcare options are NOT available.

5. The closing of the facility in question during the stated period of time does not coincide with regular closing times such as school holidays.
6. The same considerations apply to employees or staff having to take care of dependent family members in day-care (refer to SGB XI of the German Social Security Code and the HVwVfG, the Hessian Administrative Procedure Act) should these day-care facilities close due to corona infection control measures or should it prove impossible to secure a place for them there. (Proof of care dependency required and proof of non-admission as necessary)
- Care facilities are closed or admission was rejected.
There is no alternative care option or it is unacceptable.
7. Therefore, - partial - leave of absence on the day(s) listed below during the time period indicated is necessary

	Monday	Tuesday	Wednesday	Thursday	Friday
Time period from - to					

Notes/additions:

I confirm the accuracy of the information provided.

Darmstadt, [date]	Employee's signature
-------------------	----------------------

Based on the reasons and requirements stated above, I agree to a - partial - leave of absence and will submit this information regarding the leave of absence as documented in the form above at the end of every month electronically to the [Directorate of Human Resources and Legal Affairs](#).

Darmstadt, [date]	Supervisor's/manager's signature
-------------------	----------------------------------