



# EAGLE MOUNTAIN SAGINAW ISD

*Fostering a Culture of Excellence*

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## FFCRA LEAVE REQUEST: DOCUMENTATION FOR CHILDCARE PROVIDER CLOSURE

**To:** EMS ISD Human Resource Department: Employee Relations

**Re:** Employee Name: \_\_\_\_\_

**Date:** \_\_\_\_\_

This document is to certify that I, \_\_\_\_\_  
(Provider name)

am the childcare provider for \_\_\_\_\_.  
(Child's name)

I have been unable to provide childcare since \_\_\_\_\_ due to COVID-19.  
(Date)

**Childcare Provider Signature** \_\_\_\_\_

**Texas License/Registration/Certificate #** \_\_\_\_\_  
(if applicable)

**Provider Phone number** \_\_\_\_\_

**Provider Email address** \_\_\_\_\_