



JUDICIARY OF GUAM
CHILD SCHOOL-RELATED LEAVE ACT FORM

SECTION I. EMPLOYEE (PARENT) INFORMATION

Name of Employee (Parent):	Division:
Name of Child(ren), as applicable:	
Name of School/Child Care Provider:	Grade(s):

SECTION II. NOTIFICATION TO EMPLOYER

(This information will assist the Human Resources Office in determining first notice eligibility as applicable.)

Date & Time Supervisor was notified:	Worksite: () Hagatna Location () Dededo Location () Other: _____
Reason for Request:	
Immediate Supervisor's Name and Signature:	Date:

SECTION III. CERTIFICATION FROM SCHOOL OR LICENSED CHILD CARE PROVIDER

(Must be completed from a school official/licensed child care provider)

Date of Event:	Arrival Time:	Departure Time:	Total Hour(s):
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A. ADMINISTRATIVE LEAVE: () SCHOOL /LICENSED CHILD CARE PROVIDER INFORMATION

Certification: This is to certify that the above named parent of the child(ren) identified visited the school/child care provider for a conference with the child's/children's teacher, school official, or care provider; or to attend a function involving the child(ren), or volunteer to assist in the child's/children's school activities.

_____ PRINT NAME	_____ SIGNATURE	_____ TITLE	_____ DATE
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B. ANNUAL LEAVE, COMPENSATORY TIME OFF OR LEAVE WITHOUT PAY : () CHILD CARE PROVIDER/SCHOOL EMERGENCY

Certification: This is to certify that the above named parent has responded to a child care provider or school emergency which the child(ren) cannot remain in school or with a child care provider due to an attendance policy, behavioral or discipline problem, closure or unexpected unavailability of the school or child care provider, a natural disaster, including but not limited to fire, earthquake, or flood.

_____ PRINT NAME	_____ SIGNATURE	_____ TITLE	_____ DATE
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NOTE: This Request Form must be attached to the Judiciary of Guam Leave Application Form.

UPDATED SEPTEMBER 2023