

Disability Management Office (DMO)

State of Michigan

Phone 877-766-6447

Leave for Qualifying Childcare

Employee Name:		Employee ID:	
Agency:			
Personal email address:			
Phone Number:			
Leave Dates		From:	To:
<input type="checkbox"/> Continuous Leave <input type="checkbox"/> Intermittent Leave – provide anticipated schedule (Days and hours):			
Child(ren) for whom you provide care:			
Name	Age	Name and Phone # of School/Caregiver	Dates of closure or unavailability
<input type="checkbox"/> Confirm that you are unable to work or telework because of the need to care for your minor child(ren) or your child(ren) 18 years of age or older who are incapable of self-care because of a mental or physical disability, due to the closure of their school or place of care or unavailability of their childcare provider, and no suitable person is available to care for your child(ren) during the period of requested leave.			

Please indicate the leave credits to be used and the order in which to use them:

INDICATE ORDER TO BE USED	LEAVE CREDITS	USE ALL	FREEZE ALL	AMOUNT TO FREEZE
	Emergency Paid Sick Leave	<input type="checkbox"/>	<input type="checkbox"/>	
	Annual Leave	<input type="checkbox"/>	<input type="checkbox"/>	
	Banked Leave	<input type="checkbox"/>	<input type="checkbox"/>	
	Comp Time	<input type="checkbox"/>	<input type="checkbox"/>	
	Deferred Hours	<input type="checkbox"/>	<input type="checkbox"/>	

Return completed form by:

Fax - 517-241-9926

Email - MCSC-DMO-Inquiries@michigan.gov