

# Application Form: Workplace Engagement and Development Fund Childcare Support

## Section 1: Employee Information

Employee Name:

Employee ID:

Job Title:

Department / Program:

Appointment Type (check one):

- Postdoc
- Research
- Technical
- Administrative
- Other: \_\_\_\_\_

Employment Status (check one):

- Full-time
- 3/4 time
- 1/2 time

How long have you been employed at WHOI?

- Less than 1 year
- 1–3 years
- 4–7 years
- 8–12 years
- More than 12 years

## Section 2: Dependent Information

For purposes of this program, qualifying dependents are children under age 13.

Dependent Name(s):

Dependent Age(s):

**Section 3: Childcare Provider Information**

Provider / Organization Name:

Type of Care (check one):

- Licensed childcare or daycare center
- In-home childcare provider
- Before- or after-school care
- School vacation or summer program
- Other: \_\_\_\_\_

**Section 4: Childcare Services and Hours**

Please provide information for the childcare services for which reimbursement is requested.

Service Period (from – to): \_\_\_\_\_

<i>Dependent(s) Name</i>	<i>Provider A Total Hrs</i>	<i>Provider B Total Hrs</i>	<i>Provider C Total hrs</i>	<i>Provider D Total Hrs</i>

*(Additional provider entries may be attached if needed.)*

Total Number of Childcare Hours Provided During This Period: \_\_\_\_\_ hours

Total Childcare Expense Amount for This Period: \$\_\_\_\_\_

**Section 5: WHOI Work Enabled by This Support**

This childcare support enabled me to participate in the following WHOI work activities (check all that apply):

- Core work hours / regular schedule
- Fieldwork or research cruises

- Laboratory or technical operations
- Teaching, mentoring, or supervision
- Meetings, deadlines, or time-sensitive deliverables
- Work-related travel (e.g., conferences, workshops)
- Other WHOI work activities: \_\_\_\_\_

Optional (1–2 sentences): If you wish, briefly describe the WHOI work this childcare support helped make possible:

### Section 6: Timing Context

When was this childcare support most needed? (check all that apply):

- During standard work hours
- During early morning or evening work
- During school breaks or summer months
- During periods of increased workload
- During work-related travel
- Other: \_\_\_\_\_

### Section 7: Program Access

Is this the first time you are accessing the Workplace Engagement and Development Fund Childcare Support Benefit?

- Yes
- No

### Section 8: Certification and Attestation

By signing below, I certify that:

- The childcare expenses submitted are accurate and documented.
- The expenses have not been reimbursed through another WHOI benefit, program, or external source.

- I understand that awards under this program are processed through payroll and treated as taxable income.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section 9: Submission Instructions**

Please submit the completed form and required documentation in one PDF via email to:

- Natalie Nevarez ([natalie.nevarez@whoi.edu](mailto:natalie.nevarez@whoi.edu))
- Copied to: [benefits@whoi.edu](mailto:benefits@whoi.edu)

Subject Line: [Last Name] Application: WED Childcare Support

Incomplete forms or applications lacking required documentation may be delayed or returned for revision.