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): _____

Dependent(s) Name	*Provider A Total Hrs*	*Provider B Total Hrs*	*Provider C Total hrs*	*Provider D Total Hrs*

(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:

- Benefits: benefitsqa@whoi.edu

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

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