Extraordinary Absence Reimbursement
Request Form

Each child is allowed a maximum of 3 absences per calendar month. A request for an additional 10 absences per month may be made for extraordinary circumstances as approved by the Coalition. All absences beyond 3 days must be submitted in writing to the Early Learning Coalition for approval. **Submission of this form or letter does not guarantee payment for extraordinary absences.** Incomplete and/or unsigned forms will not be accepted for reimbursement. Written documentation from the parent must be provided for each absence. **Please attach documentation, i.e. Doctor's note, court papers, obituary notice, military papers.**

Child's Name:_____   ID / SSN#:_____

Parents Name:_____   Care Provider : _____

Required Parent Signature: I understand my provider is requesting payment for days of extraordinary absence for my child. I am aware that I can lose my school readiness subsidy and/or be prosecuted for fraud if I provide false information. Signature of Parent:_____ Date:_____

ABSENCE DATE: _____
CHECK REASON FOR EACH ABSENCE PERIOD

- ☐ Hospitalization of child or parent
- ☐ Illness requiring home-stay
- ☐ Death in immediate family
- ☐ Court order visitation
- ☐ Unforeseen military deployment
- ☐ Other special circumstance (please explain below)

Explanation of Absence(s): _____

_____**Parent's Signature**_____

…….

ABSENCE DATE: _____
CHECK REASON FOR EACH ABSENCE PERIOD

- ☐ Hospitalization of child or parent
- ☐ Illness requiring home-stay
- ☐ Death in immediate family
- ☐ Court order visitation
- ☐ Unforeseen military deployment
- ☐ Other special circumstance (please explain below)

Explanation of Absence(s): _____

_____**Parent's Signature**_____

Printed Name of Facility:_____
Authorized Director Signature:_____

How to submit this form: Attach this form to your monthly attendance sheet that has the absence noted to the Coalition. Questions? Contact your Reimbursement Specialist.

For Coalition Staff Only: _____Approved _____Disapproved
Reason not approved: _____
Authorized Reviewer: _____ Date:_____

Updated: 6/23/22