



Extraordinary Absence Reimbursement Request Form

ELCEC 3102.3C

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: _____

FIRST ABSENCE **DATE(S):** _____
CHECK REASON FOR ABSENCE

- | | |
|--|--|
| <input type="checkbox"/> Hospitalization of child or parent | <input type="checkbox"/> Illness requiring home-stay |
| <input type="checkbox"/> Death in immediate family | <input type="checkbox"/> Court order visitation |
| <input type="checkbox"/> Unforeseen military deployment | <input type="checkbox"/> Doctor's Appointment |
| <input type="checkbox"/> Other special circumstance (please explain below) | |

Explanation of Absence: _____
_____ **Parent's Signature** _____

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SECOND ABSENCE **DATE(S):** _____
CHECK REASON FOR ABSENCE

- | | |
|--|--|
| <input type="checkbox"/> Hospitalization of child or parent | <input type="checkbox"/> Illness requiring home-stay |
| <input type="checkbox"/> Death in immediate family | <input type="checkbox"/> Court order visitation |
| <input type="checkbox"/> Unforeseen military deployment | <input type="checkbox"/> Doctor's Appointment |
| <input type="checkbox"/> Other special circumstance (please explain below) | |

Explanation of Absence: _____
_____ **Parent's Signature** _____

Printed Name of Facility: _____
Authorized Director Signature: _____

How to submit this form: Attach this form, and supporting document(s), to the monthly attendance sheet that has the absence(s) noted. Questions? Contact your Reimbursement Specialist.

For Coalition Staff Only: _____ Approved _____ Disapproved
Reason not approved: _____
Authorized Reviewer: _____ Date: _____