

Absence Form

Provider: Please upload absence form to the child's absence when processing attendance.

Reimbursement shall be authorized for no more than 3 absences per calendar month except in the event of extraordinary circumstances. Written documentation justifying the excessive absence is required to approve up to an additional 10 days.

Total reimbursed absences cannot exceed 13 days per month. Extraordinary circumstances does not include vacation or recreational time.

Provider:	
Child Name:	
Parent Name:	
Date(s) of Absence:	

Please indicate the reason the child was absent and attach [required documentation].

- | | |
|--|---|
| <input type="checkbox"/> Hospitalization of child or parent | [Doctor's note, Hospital admission/discharge] |
| <input type="checkbox"/> Doctor or other health related appointments | [Doctor's note, therapy, etc.] |
| <input type="checkbox"/> Death in immediate family | [Obituary, death certificate, parent statement] |
| <input type="checkbox"/> Court order visitation | [Court order] |
| <input type="checkbox"/> Unforeseen military deployment/exercise of parent | [Military orders of deployment, reserve duty] |
| <input type="checkbox"/> Illness requiring home-stay | [Doctor's note, parent statement] |

Parent Statement and Signature below:

I understand my provider is requesting payment for additional absences for my child and that payment is not guaranteed. If payment is not approved, it will be my responsibility to reimburse the provider for the days not reimbursed by ELC of Sarasota County.

Parent / Guardian signature:		Date:	
-------------------------------------	--	--------------	--