



# Extraordinary Absence Reimbursement Request Form

Each child is allowed a maximum of 3 absences per calendar month. A request for an additional 7 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: \_\_\_\_\_