

Absence Request

Absence Information

Child Name: _____

Parent Name: _____

Provider: _____

Witness: _____

Type of Absence Requested:

- | | | | |
|----------|-----------|---------------------|----------------------|
| Sick | Vacation | Bereavement | Time off Without Pay |
| Military | Jury Duty | Maternity/Paternity | Other |

Dates of Absence: From: _____ To: _____

Reason for Absence:

You must submit requests for absences, other than sick leave, two weeks prior to the first day you will be absent.

Signature: _____ Date _____

Provider Approval

Approved

Rejected

Comments:

Please note you are entitled to (1) one week unpaid leave unless the daycare is close. Any leave in excess of time of leave must be paid for.

Provider Signature : _____ Date: _____