

**APPROVAL REQUEST FORM – EXTENDED ABSENCE BEYOND 3 DAYS
(EXTRAORDINARY CIRCUMSTANCES)**

Reimbursement may be provided for an additional (7) days per calendar month in the event of **extraordinary circumstances** with proper documentation. **Extraordinary circumstances do not include vacation or recreational time.**

This form must be submitted with current month’s attendance in order to be considered for reimbursement.

Provider Name: _____ **Child/ID/SSN:** _____

Child’s Name: _____ **Care level:** _____ **Billing Group:** _____

Enter the child’s absence dates as well as the Extraordinary Circumstances number from the list below.

Date							
Circumstances #							

Examples of extraordinary circumstances:

1. Hospitalization of the child or parent with appropriate documentation (i.e., doctor’s note, hospital admission)
2. Illness requiring home-stay as documented (i.e., doctor’s note, and or parent statement)
3. Death in the immediate family with appropriate documentation (i.e., obituary, death certificate, parent statement)
4. Court ordered visitation with appropriate documentation (i.e., court order)
5. Unforeseen documented military deployment or exercise of the parent(s) (i.e., military orders of deployment, reserve duty)

NOTE: All supporting documentation and this form must be submitted each month for extended absence reimbursement approval.

For ELC Official Use Only	
<input type="checkbox"/> All absences fully meet the policy requirements.	
ELC Staff Signature _____	Date _____
<input type="checkbox"/> Absences submitted do not meet policy requirements - Reason(s) _____	

ELC Staff Signature _____	Date _____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

