



of Pinellas County, Inc.

Attendance Documentation Verification Request Form

Please use this form when requesting approval, for alternative sign-in/sign-out procedures.

Date:
Provider Name:
Provider Contact person:
Provider Email Address:
Provider Address:
Provider Phone Number:

Please describe your sign-in and sign out procedures and attach a copy of your sign-in/sign out form. Fax your Sign-in and Sign-out form and Attendance Documentation Verification Request Form to Quality Assurance Department for approval. You will be notified by email, of approval. Fax number (727) 548-1509

Leave blank, office use only.

ELC Authorized Signature: _____
Title: _____
Approval Date: _____