



EARLY LEARNING COALITION OF PINELLAS COUNTY, INC.

Request for Justification of Excessive Absences

The State and local Coalition has determined that reimbursement shall be authorized for no more than three (3) absences per calendar month per child except in the event of extraordinary circumstances. In which case, the coalition or its designee shall provide written approval for payment based on written documentation provided by the parent/guardian justifying the excessive absence for up to an additional seven (7) days. **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: _____

Federal ID/SSN: _____

Child's Name: _____

Last 4 of Child's SSN: _____

Billing Group: BG _____

Enter the child's absence dates as well as the Extraordinary Circumstances Code from the list below.

Date

--	--	--	--	--

Code

--	--	--	--	--

Date

--	--	--	--	--

Code

--	--	--	--	--

Extraordinary Circumstances Eligible for Payment of Absences

1. Hospitalization of the child or parent with appropriate documentation (i.e. doctor's note, hospital admission).
2. Illness requiring the child to stay at home (4 through 7 absence days).
3. Death in the immediate family with documentation (i.e. obituary/death certificate). Immediate family is defined as: parent, step parent, grandparent, sibling of child.
4. Court ordered visitation with copy of court order each month in which the order is to be enacted.
5. Unforeseen documented military deployment or exercise of the parent(s) with copy of the orders.

Parent/Guardian Signature _____

Date _____

Provider Signature _____

Date _____

For ELC Official Use Only

All absences fully meet the policy requirements approved by the State/Coalition

Absences submitted do not meet policy requirements - Reason(s) _____

ELC Staff Signature _____

Date _____