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. **This form must be submitted with current month's attendance roster to CCC Reimbursement in order to be considered for reimbursement.** *The Pinellas County School Board's (PCSB) Teen Parent Program (STP) does not require this form.*

Provider Name _____ Federal ID/SS#_____ VPK Y ____ N_____

Child's Name_____ Child's SS#_____ Billing Group_____

• List below the three (3) days that do not require documentation •

Designated three days that do not require documentation					
1st Day	Date	2nd Day	Date	3rd Day	Date

Complete the table below for Justification of Excessive Absences. In the event of absences beyond three (3) days due to extraordinary circumstances, written documentation must be presented at time of request by the parent/guardian justifying the excessive absences *only* for the fourth through the tenth day. **The only State-approved Justifications of Excessive Absence Codes are listed below.**

1. **Hospitalization** of the child or parent with appropriate documentation
2. **Illness** requiring home-stay as documented (days 4 – 5, as documented by parent or medical provider; days 6 – 10 as documented by medical provider)
3. **Death** in the immediate family with appropriate documentation (i.e. obituary, death certificate)
4. **Court order visitation** with appropriate documentation (i.e. court order)
5. **Unforeseen documented military deployment** or exercise of the parent(s) with copy of orders

Designated Days for Excessive Absences for Extraordinary Circumstances											
Day	Date	Code	Day	Date	Code	Day	Date	Code	Day	Date	Code
4th Day			6th Day			8th Day			10th Day		
5th Day			7th Day			9th Day					

- Total monthly reimbursed absences shall not exceed ten (10) calendar days.
- In the event that a child is absent for five (5) consecutive days with no contact from the parent/guardian, the provider shall notify CCC who shall determine the need for continued care child care scholarships.

I hereby certify that all of the above and attached information is true and accurate to the best of my knowledge.

Signature of Parent/Guardian **Date** **Signature of Director/Owner/Designee** **Date**

Below For Official Use Only

☐ All absences fully meet the policy requirements approved by the State/Coalition
☐ Absences submitted do not meet policy requirements - Reason(s) _____
☐ Request for Justification of Excessive Absences requires further review
Staff Signature _____ Date _____

☐ Request for exceptions approved-Dates approved _____ Reasons approved _____
☐ Request for exceptions denied-Dates denied _____ Reasons denied _____

Signature of Authorized Designee Date