ECLC ATTENDANCE LEAVE REQUEST

CHILD: _____ **DATE:** _____

CLASSROOM : _____

PLEASE FILL OUT 1 FORM FOR EACH CHILD

EXCUSED CHILD ABSENCES

- **Sick With Doctors Note (must Attach)**
- **COVID Quarintine (must have Documentation)**
- **Sent Home by Nurse/SALC Staff**
- **Bereavement Leave**
- **Religious Leave**
- **Legal Appointment**

PARENT/GUARDIAN

- **Loss of Employment**
- **FMLA**
- **Maternity Leave**
- **Other**
  (Seasonal, College Breaks)

UNEXCUSED CHILD ABSENCES

- **Sick without Doctors Note**
- **Family Vacation/Trip**
- **Other**

Recived By:

Date:

DATES REQUESTED FROM: _____ **TO:** _____

RETURN DATE: _____

EXPLANATORY NOTES:

_____

_____

_____

PARENT SIGNAUTRE: _____ **DATE:** _____

BILLING COORDINATOR: _____ **DATE** _____

ORIGINAL: BILLING COORDINATOR/FISCAL SPECIALIST

SKU: SAF3258WH

- **REQUEST FOR EACH CHILD**
- **REQUIRED DOCUMENTS**
- **SIGN AND DATED BY PARENT**

Revised CJ 3/9/21