Early Learning Coalition
OF PINELLAS COUNTY

Extended Absence Form

Reimbursement may be authorized for no more than 3 absences per month except in the event of extraordinary circumstances. Documentation justifying the extraordinary absence(s) is required in order for up to an additional 10 days of absences to be considered for reimbursement. The total # of reimbursed absences cannot exceed 13 days per month.

Important Note about the Provider's Responsbility in order for extended absences due to extraordinary circumstances to be consdidered for reimbursement. The Extended Absence Form (EAF) must be attached to the child's 4th absence (A) of the electronic attendance. No exceptions will be authorized. The required supporting documentation must be attached to the child's next recorded absence (A) in the electronic attendance and so on until all necessary absence documentation is attached to the child's extended absences (A's) beyond three (3.)

Childcare Provider's Name: _____ **Provider's Portal ID#:**_____

please print

Child's Name: _____

please print the child's name as it appears on the electronic attendance

Please understand that extraordinary circumstances does not include vacation or recreational time or issues related to transportation. A child can have three (3) undocumented absences in the service period month. Please specify in the spaces below which dates are for undocumented absences. Please add dates in the format of MM/DD/YY. **Date Format Example: 01/08/26**

_____**Day 1** _____ **Day 2** _____ **Day 3**

For the child's extended absences due to extraordinary circumstances, please use the codes listed below to indicate the reason for the child's extended absences beyond three (3). Please provide the appropriate required documentation. The supporting documentation must be attached to the child's absences (A's) in the electronic attendance in order for extended absences to be considered for reimbursement to the provider.

1. Hospitalization of the child or the parent **{Doctor's note, hospital admission or discharge documentation is required}**
2. Doctor or other health related appointments **{Doctor's note, dentist's note, therapy note, etc. is required}**
3. Death in immediate family **{Obituary, death certificate, memorial card, funeral home note on letterhead is required}**
4. Court ordered visitation **{Copy of the court order with the details of the child's shared parenting plan is required}**
5. Unforeseen military deployment/exercise of parent/client **{Military orders of deployment or the reserve duty schedule is required}**
6. Illness of child requiring an at home-stay **{A handwritten statement from the client of record will be accepted for up to 2 extended absence days. However, if the child needs to stay at home for more than the 2 extended absence days then a doctor's note or other healthcare professional's note will be required in order for those additional extended absences to be considered for reimbursement.}**

Please record the extended absences dates in the format of MM/DD/YY in the spaces below and add the appropriate Code # where noted.

_____**Day 4 Code #** _____ _____**Day 5 Code #**_____ _____**Day 6 Code #**_____
_____**Day 7 Code #** _____ _____**Day 8 Code #**_____ _____**Day 9 Code #**_____
_____**Day 10 Code #** _____ _____**Day 11 Code #**_____ _____**Day 12 Code #**_____
_____**Day 13 Code #** _____

Please check YES or NO below to confirm that the appropriate required documentation is attached to the child's extended absences (As) and that the dates and the reason codes match the related recorded absence (A) dates.

Is the appropriate required documentation attached? _____ **YES** _____ **NO**

Do the dates on the documentation match the requested extended absence dates and the recorded reason codes? _____ **YES** _____ **NO**

I understand that my provider is requesting payment for my child's additional absences beyond three (3) and that reimbursement is not guaranteed. If reimbursement is not approved, it will be my responsibility to reimburse the provider for the days that are not reimbursed by the Early Learning Coalition of Pinellas County, Inc.

Client's Signature:_____ **Date:** _____

Print Client's Name: _____

Please note that this form and the supporting absence documentation only needs to be attached to the child's absences if the child has **more** than three (3) total absences in the service period month. Please do not complete this form and attach it to the child's absences if the child only has three (3) total absences in the service period month. Please note that the Extended Absence Form must always be attached to the child's 4th Absence (A) in the electronic attendance regardless of whether that absence is an undocumented absence or a documented absence supported by documentation that has been submitted for consideration of reimbursement to the childcare provider.