Early Learning Coalition of Florida's Heartland, Inc.

Absence Form

Provider: Please upload absence documentation to the Provider Portal attendance.

Reimbursement may be authorized for no more than 3 absences per month except in the event of extraordinary circumstances. Written documentation justifying the excessive absence is required to approve up to an additional 10 days.

Total reimbursed absences cannot exceed 13 days per month. Extraordinary circumstances does not include vacation or recreational time.

Provider:	
Child Name:	
Parent Name:	
Date(s) of absence:	

Please indicate the reason the child was absent and attach [*required documentation*.]

- ☐ Hospitalization of child or parent [*Doctor's note, Hospital admission/discharge*]
- ☐ Doctor or other health related appointments [*Doctor's note, therapy, etc.*]
- ☐ Death in immediate family [*Obituary, death certificate, parent statement*]
- ☐ Court order visitation [*Court order*]
- ☐ Unforeseen military deployment/exercise of parent [*Military orders of deployment, reserve duty*]
- ☐ Illness requiring home-stay [*Doctor's note, parent statement*]
- ☐ Other circumstance beyond the parent control [*Parent statement with appropriate documentation*]

Parent statement and signature below:

[*If parent is unavailable, an email from parent's Portal email address can be accepted as an electronic statement and signature.*]

I understand my provider is requesting payment for additional absences for my child and that payment is not guaranteed. If payment is not approved, it will be my responsibility to reimburse the provider for the days not reimbursed by the ELCFH.			
Parent / Guardian signature:		**Date:**	