

KIDS UNLIMITED PROVIDER EARNED SICK TIME REQUEST FORM

Date(s) Requested 1. _____
2. _____
3. _____
4. _____

Was child placed in Substitute care? Yes ___ or No___

If yes please complete this section, if No please print , sign and date the bottom of this page

Child Name _____ Sub Provider _____ Date(s) _____

Child Name _____ Sub Provider _____ Date(s) _____

Child Name _____ Sub Provider _____ Date(s) _____

Child Name _____ Sub Provider _____ Date(s) _____

Child Name _____ Sub Provider _____ Date(s) _____

Child Name _____ Sub Provider _____ Date(s) _____

Provider Name (Printed) _____

Provider Signature _____ Date _____

This form must be submitted within 5 days of your sick day, failure to get this form into our office within 5 days will result in a loss of your sick day , EEC only lets us go back 5 days in the new billing system , so we cannot put any sick day requests in more than 5 days back.

You can request future dates!

****requesting more than 3 consecutive days requires a doctors note****

Please refer to the Earned Sick Time policies if have any questions regarding how and when you can use Earned Sick Time.

Only 4 EST days can be used per fiscal year (July– June)

1 day is earned for every month you provide care, capping off at 4 per fiscal year.