



LEAVE OF ABSENCE

Return to:

Parent Name: _____

Child(ren): _____

This is to formally request a leave of absence for the following reason:

- I am out of work due to a medical condition and do not need child care
- My child, spouse, or parent is ill and I will be caring for him/her.
- The training program I am enrolled in is not in session.
- My child(ren) will be visiting with their non-custodial parent or other family member.
- Other _____
- I will be on Maternity Leave.
- I am not working and do not need
- I am looking for a new child care provider

The dates that I am requesting are: _____ to _____.

The last day of childcare will be _____. I have communicated this date with my child care provider(s), _____.

I understand that I must contact my case manager at least two weeks prior to the date my leave ends, and inform my case manager of the following:

1. The date that my child(ren) will return to child care
 2. The days and hours that I will need child care
 3. The name of the child care provider
 4. All information that is required in order to issue a Child Care Certificate (all need and eligibility documents)
- Any child care used during my leave will be my responsibility.
 - My leave cannot exceed 12 consecutive weeks in duration or 16 weeks for a maternity/medical leave or break in training.
 - If my circumstances change prior to the date above, I will contact my case manager.
 - Failure to follow these guidelines may result in termination from the program.

Signature

Date