

## REQUEST FOR LEAVE OF ABSENCE

**Parent/Guardian Section:**

Parent's/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City and Zip Code: \_\_\_\_\_

I hereby request a limited term service leave of absence from the Stanislaus County Office of Education, subsidized child care program that I am enrolled in.

The dates of my leave will be from \_\_\_\_\_ through \_\_\_\_\_  
(Month, Day, and Year) (Month, Date, and Year)

I am requesting this leave for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Provider Section:**

I, \_\_\_\_\_ am contracted with Stanislaus County Office of Education to provide  
(Print Provider /Agency Name)

child care services for the following child(ren): \_\_\_\_\_  
(Name(s) of Child(ren))

I acknowledge I will **not be reimbursed** during these days.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

*For non-emergency situations a leave must be requested 2 weeks in advance. A leave of absence shall not exceed 12 consecutive weeks, except for leave of absences due to medical, family, or summer vocational training programs. For these exceptions a leave of absence shall not exceed 16 weeks and support documentation must be attached. Leaves are reviewed and approved on a case by case basis.*

|                           |                          |                               |                      |
|---------------------------|--------------------------|-------------------------------|----------------------|
| <b>SCOE Distribution:</b> | <b>White-Family File</b> | <b>Yellow-Parent/Guardian</b> | <b>Pink-Provider</b> |
|---------------------------|--------------------------|-------------------------------|----------------------|