EARLY LEARNING
COALITION OF HILLSBOROUGH COUNTY

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Request for Extraordinary Circumstance Absences for School Readiness

Reimbursement for School Readiness absences is limited to three (3) per child, per calendar month, unless Extraordinary Circumstances apply (Rule 6M-4.500 (4)(a) F.A.C.). The ELC may approve up to ten (10) additional absences when the parent/guardian provides required documentation justifying the excessive absences. **Vacation and recreational time are not considered Extraordinary Circumstances and will not be approved.** This completed form must be signed by the parent/guardian listed on the payment certificate. This form may serve as acceptable documentation; however, some reasons may require additional documentation for approval. Final approval is determined by the ELC, and providers are required under School Readiness Contract Section VI (42) to maintain records to validate the absence reason for payment. This form must be submitted in the Provider Portal or with sign-in and sign-out sheets when recording attendance for Extraordinary Circumstances, and a separate form is required for each child.

Provider Name	Provider ID:
Child's First and Last Name:	Month/Year:

Enter the child's absence dates as well as the Extraordinary Circumstance Reimbursement Code from the list below

	1	2	3	4	5	6	7	8	9	10
Date of Absence										
Code for Absence										

Extraordinary Circumstance Reimbursement Codes

1. Death in the immediate family. Documentation may include an obituary, death certificate, memorial card, funeral home document, or this completed form signed by the parent/guardian. Immediate family is defined as a parent, stepparent, grandparent or sibling of the child.
2. Illness requiring an at home-stay as documented by the parent, the doctor, or this completed form signed by the parent/guardian.

The following reasons will require additional documentation:

3. Hospitalization of the child or parent.
4. Court ordered visitation with submission of the court order.
5. Unforeseen documented military deployment or exercise of the parent(s).
6. Doctor appointments or other health related appointments.

Parent/Guardian Certification

By signing below, I certify the information provided about my child's absence is true and correct.

Parent/Guardian Signature _____ **Date** _____

Print Parent/Guardian Name:_____

Rev. 9/2025 (This form replaces all previous versions)