## COVID-19 ATTENDANCE EXEMPTIOM FORM

REQUESTED for the Month of $\qquad$ 2020

Program Name: $\qquad$
Person Completing Request: $\qquad$
Position of Person Completing Request $\qquad$
Reason for exemption (check as many as apply):
___Low student attendance due to epidemic
Dates of low attendance: $\qquad$
$\qquad$ Forced closure by local health department or local unit of government
Dates of closure: $\qquad$
$\qquad$ Forced closure due to presence of COVID-19 exposure
Dates of closure: $\qquad$
$\qquad$ Voluntary closure based on decision of $\qquad$ Owner $\qquad$ Board (check one)

Dates of closure: $\qquad$

I certify this is a true and actual accounting of the monthly attendance for my program and I understand that by requesting full payment for eligible days of care I agree to pay my staff for all scheduled work hours, regardless of closure or reductions in services.

[^0]
[^0]:    Signature of Authorized Representative

