COVID-19 ATTENDANCE EXEMPTIOM FORM REQUESTED for the Month of ______, 2020

Program Name:
Person Completing Request:
Position of Person Completing Request
Reason for exemption (check as many as apply):
Low student attendance due to epidemic
Dates of low attendance:
Forced closure by local health department or local unit of government Dates of closure:
Forced closure due to presence of COVID-19 exposure Dates of closure:
Voluntary closure based on decision ofOwnerBoard (check one) Dates of closure:
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.
Signature of Authorized Representative