

## CREDIT FOR ABSENCE REQUEST FORM

Child's Name: \_\_\_\_\_ Child Care Site: \_\_\_\_\_

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Parent's Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Request: ***(Please check one)***

\_\_\_\_\_ Illness \_\_\_\_\_ Vacation \_\_\_\_\_ WVUSD Sponsored Extracurricular Activity

Effective date(s) of absence: \_\_\_\_\_ Dates requested: \_\_\_\_\_

**Illness:**

- 5 consecutive calendar weekdays or more
- 3-4 consecutive calendar weekdays due to illness will be considered on a case by case basis
- No credit for absences less than 3 consecutive calendar weekdays due to illness
- Must submit request no later than 5 business days after the first day of absence
- Limit 1 week per child, per contract year

**Vacation:**

- 5 consecutive calendar weekdays
- Must submit request at least 5 business days before the first day of absence
- Limit 1 week per child, per contract year

**WVUSD-Sponsored Extracurricular Activities:**

- Will consider on a case by case basis
- Must submit request at least 5 business days before the start date of the activity
- May be required to submit an attendance confirmation note for the activity along with the request for credit

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**For Office Use Only**

Date request received: \_\_\_\_\_ Request received by: \_\_\_\_\_

Request processed by: \_\_\_\_\_ Request Approved/Denied by: \_\_\_\_\_