Little Comets
LEARNING CENTER
1001 E Geneva St, Delavan, WI - P:262-725-7743 - F: 262-725-7741 - LCLC.Delavan@gmail.com

TIME OFF REQUEST FORM

Fill out this form if your child/ren will be absent for an extended period.
You can also use this form to request vacation and sick days.

Vacation days are to be used for a planned day off with at least two weeks' notice and can be used after the 90-day probationary period. School age program children do not receive any vacation days.

- Children attending 3 full days (more than 5 hours a day) a week will receive 3 vacation days per year.
- Children attending 4 full days (more than 5 hours a day) a week will receive 4 vacation days per year.
- Children attending 5 full days (more than 5 hours a day) a week will receive 5 vacation days per year.

3 sick days are given to every child (school-agers included) and can be used at any time after the 90-day probationary period.

Vacation and sick days go from September 1st to August 31st. Days not used will be lost.

School age children will not be charged for no school days and do not need to request time off unless they sign up for care on those days.

Child/ren's Names _____

Today's Date _____

Date/s Requesting Off _____

Do you want to use vacation time? (if applicable) Yes No
(If requesting vacation please initial on the lines below)

_____I understand that if I do not put my request in 2 weeks in advance, I may not be able to use vacation time.

_____I understand if I have an outstanding balance, I will not be allowed to use vacation/sick days.

Do you want to use sick days? Yes No

Parent Signature: _____

Approval Signature: _____ Date _____

Comments: _____

_____

Office Use only

Vacation days used _____ Vacation days available _____

Sick days used _____ Sick days available _____

Notes_____

_____