



35 Trolley Crossing Road, Charlton, MA 01507 | 508-248-6772 | kidsus.com

**PROVIDER EARNED SICK TIME / UNPAID CLOSURE REQUEST**

Please Check One:

I am requesting a paid sick day \_\_\_\_\_ I am requesting an unpaid closure \_\_\_\_\_

Date(s) Requested: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

Were children in your care placed in substitute care? (circle one) Yes No

If yes, please complete this section. If no, please print, sign and date the bottom of this page.

Child Name \_\_\_\_\_ Sub Provider \_\_\_\_\_ Date(s) \_\_\_\_\_  
Child Name \_\_\_\_\_ Sub Provider \_\_\_\_\_ Date(s) \_\_\_\_\_  
Child Name \_\_\_\_\_ Sub Provider \_\_\_\_\_ Date(s) \_\_\_\_\_  
Child Name \_\_\_\_\_ Sub Provider \_\_\_\_\_ Date(s) \_\_\_\_\_  
Child Name \_\_\_\_\_ Sub Provider \_\_\_\_\_ Date(s) \_\_\_\_\_  
Child Name \_\_\_\_\_ Sub Provider \_\_\_\_\_ Date(s) \_\_\_\_\_

Provider Name (Printed) \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be submitted within 7 days of your sick day/unpaid closure, failure to get this form into our office within 7 days will result in a loss of your sick day , EEC only lets us go back 7 days in the new billing system , so we cannot put any sick day requests in more than 7 days back. If you are not sure if subcare was used please ask the parent /guardian because sometimes parents find it on their own without calling our office.**

***You can request future dates!***

**Please refer to the Earned Sick Time policies if have any questions regarding how and when you can use Earned Sick Time.**

**Only 5EST days can be used per fiscal year ( July- June)  
1 day is earned for every month you provide care, capping off at 5 per fiscal year.**

You will begin accruing earned sick time on the first date billed and may begin to use any accrued earned sick time 90 days following their first date billed, regardless of the number of days worked during the 90-day period.