



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

PROVIDER FLEX DAY REQUEST

Please Check One:

I am requesting a paid flex day _____ I am requesting an unpaid closure _____

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

Were children in your care placed in substitute care? _____ 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 flex day/unpaid closure, failure to get this form into our office within 7 days will result in a loss of your flex day , EEC only lets us go back 7 days in the billing system , so we cannot put any flex 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 Flex Day policies if you have any questions regarding how and when you can use your Flex Days.

Only 10 Flex days can be used per fiscal year (July– June)

You can only carry over 3 days into the next 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.