# Program Weekly Attendance Log

## For Subsidized Children in care only

### Provider Information

**Provider's Signature:** _____ **Provider's Name:** _____ **Week of:** _____

### Billing Codes

**AF:** Attended Full
**AP:** Attended Part
**EF:** Excused Full
**EP:** Excused Part
**UF:** Unexcused Full
**UP:** Unexcused Part
**HF:** Paid Holiday Full
**HP:** Paid Holiday Part

**FF:** Paid Flex Day Full
**FP:** Paid Flex Day Part
**UC:** Unpaid Provider Closure
**PF:** Professional Development Day Full
**PP:** Professional Development Day Part
**ECF:** Emergency Closure Full
**ECP:** Emergency Closure Part

### Weekly Attendance Grid

| Child Name | Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|---|
| | _____ | _____ | _____ | _____ | _____ |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |

**Note:** Please notify Kids Unlimited after 30 consecutive absences, or 45 non-attended days, including any unexplained absences within a 12 month Authorization period, or more than 20 non-attended days during an initial 12-week Provisional Authorization period to avoid loss in pay. Refer to the EEC Subsidy Absence Policy for more detail.

**This form is due each Friday** as required by contract.