



Voucher Day Care Program Weekly Attendance Log

Provider's Signature _____

Provider's Name _____

Week of (mm/dd/yyyy) _____

SH Earned Sick time Half	SF Earned Sick Time Full	EPC Emergency Paid Closure	PC Provider Closing
AF Attended Full	UF Unexcused Full	EH Excused Half	PH Paid Holiday
EF Excused Full	AH Attended Half	UH Unexcused Half	NS Non-Scheduled

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1							
2							
3							
4							
5							
6							
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18							
19							

Please notify Kids Unlimited after 3 Unexplained absences and/or 45 non-attended days, including any unexplained absences, within a 12 month Authorization period, or more than 15 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.