



**Request for  
Additional Paid Days Away**

|                                                |  |
|------------------------------------------------|--|
| Name of Subsidized Parent                      |  |
| Name of Child                                  |  |
| Child's Date of Birth                          |  |
| Number of "leave days"<br>used to date         |  |
| Number of additional "leave<br>days" requested |  |
| Reason for Request                             |  |
| Name of Agency                                 |  |
| Agency Supervisor/Director<br>(if applicable)  |  |

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_