

Educators name: _____

Date: ___/___/___

Which best describes your situation (please tick)	
<input type="checkbox"/>	Termination of care end date
<input type="checkbox"/>	On leave date

Reason: (please circle)

1. Personal reasons
2. Sick or ill
3. Family emergency
4. Holiday
5. Other

Details of children requiring care			
Childs name	Days required	Hours required	Care required Y/N

Comments: _____

Educator Name:
Signature: _____ Date: _____

Coordinator Name:
Signature: _____ Date: _____