



**To be completed by parent:**

Month/Year

- Only list hours of care the child actually used each day. Incomplete or inaccurate payment request forms will not be paid.
- Do not use "white-out." Days marked with "white-out" will not be paid.
- Each day the child does not use scheduled care, enter one of the following codes in the "Absence Code" box below.

Provider Closed All or Part of the Day	All Ages – Child Absent or in Care for Less Hours than Scheduled		School-aged Children Only – Child in Care for More Hours than Scheduled	
	<b>S</b>	Child or family member sick, at Dr.'s appointment, attending a funeral, or absent for other medically-related reason	<b>S</b>	Child ill; did not attend school, or was in care earlier because of illness
<b>C</b>	<b>A</b>	Other absences (e.g., child/parent vacation, visiting relative, or other personal reason)	<b>M</b>	Minimum day
			<b>NS</b>	No school (school holiday, in-service day)

Please start on the 1<sup>st</sup> day of care in the month. Fill in the date for each day of care. Fill in the time you drop the child off and sign. Fill in the time you pick the child up and sign. Fill in the total daily hours each day care is provided under the parent heading. If the child is absent from scheduled care or in unscheduled care, please use the codes above to indicate the reason. Fill in the total hours for the week in "Total Hours" in the left column.

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Date														
Time In														
Signature														
Time Out														
Signature														
<b>Total Hours</b>	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use
Absence Code														
Date														
Time In														
Signature														
Time Out														
Signature														
<b>Total Hours</b>	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use
Absence Code														
Date														
Time In														
Signature														
Time Out														
Signature														
<b>Total Hours</b>	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use
Absence Code														
Date														
Time In														
Signature														
Time Out														
Signature														
<b>Total Hours</b>	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use
Absence Code														
Date														
Time In														
Signature														
Time Out														
Signature														
<b>Total Hours</b>	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use	Parent	County Use
Absence Code														

**Total hours of care this month** \_\_\_\_\_

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this payment request form are true and correct and complete for the entire month.

Parent Signature \_\_\_\_\_  
CCP2145\_34F(9/09)

Date \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_