

## Leave of Absence Policies

With prior approval, you may be granted a short-term leave of absence from child care services for any or all of your children. **You must request the leave with your Program Specialist fourteen calendar days before you intend to take the leave. In order to be approved you must also submit the attached application.** The program will not pay for child care services for any child while on a leave of absence. When a child returns after an approved leave of absence, services will resume. The program cannot, however, guarantee that your child's previous provider(s) will re-admit your child(ren) as the space may no longer be available.

A leave of absence may be granted for a minimum of two (2) consecutive weeks up to a maximum of twelve (12) consecutive weeks during the program's fiscal year, except in the case of a medical or maternity leave. A medical and/or maternity leave shall not exceed sixteen (16) consecutive weeks during the program's fiscal year. **In order to access the 16 consecutive week maximum allowed for medical and/or maternity leave, a doctor's notice must be submitted.** For your records, the program's fiscal year begins on July 1<sup>st</sup> and ends on June 30<sup>th</sup>.

Once you have requested a leave of absence with your program specialist you will be mailed a Notice of Action advising you of the leave approval or denial. If your leave of absence is approved, the Notice of Action will state the approved beginning and ending date of your leave. The approval notice will also state that if you do not return to the program by the approved end date then services will automatically terminate on that date. If the full twelve (12) consecutive weeks, or (16) consecutive weeks for medical/pregnancy leave, allowed per fiscal year have not already been used, you may request an extension of the leave up to that maximum. The extension must be requested and approved before the original approved end date expires or services will terminate on the original approved end date.

**Please note: If you take a leave of absence without prior approval from your Program Specialist you will be terminated from the program.**

(Please keep this sheet for your information)

**A short-term leave of absence may be granted for the following reasons:**

1. For student parents who have no need for services because they are out of school for the winter and/or summer, and are not working during that time.
  2. For parents who work in public or private schools and are not working during the school's observed vacations.
  3. For children who are away from home for an extended period because they are visiting with other parents or relatives (ex: grandparents, joint custody arrangements, etc.)
  4. For family emergencies that require the parents and/or children to leave town.
  5. For medical emergencies or pregnancy leave (**A doctor's notice must be submitted in order to access the maximum 16 consecutive weeks allowed for medical and pregnancy leaves**).
- \*\* If you have a situation other than those mentioned above you must call to discuss it with your program specialist and your situation will be considered on a case by case basis.

(Please keep this sheet for your information)

## Application for Short-Term Leave Of Absence

**DUE DATE:** «DueDate»

**SPECIALIST:** «UserName»,

Date: «PrintDate»

**Parent's Name:** «ParentName»

**Child(ren) Name/s:** \_\_\_\_\_

**Child Care Provider Name:** \_\_\_\_\_

**I hereby request a short-term leave of absence during the period of:**

**Beginning date:** \_\_\_\_\_ **Ending date:** \_\_\_\_\_

**(Minimum of 2 consecutive weeks up to a maximum of 12 consecutive weeks)**

**(Maximum of 16 consecutive weeks for a medical or pregnancy leave)**

**Please explain the reason for your request to take a leave of absence:**

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

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### CFS Office Use Only

[  ] **Approved**

**Fiscal Year:** \_\_\_\_\_

[  ] **Denied**

**Leave time used:** [ \_\_\_\_\_ weeks]

**Leave time remaining:** [ \_\_\_\_\_ weeks]

**Program Specialist:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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