

## Provider Absent Notification

Teacher: \_\_\_\_\_

AGENCY: **NY THERAPY PLACEMENT SERVICES, INC.**

Child: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

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# of approved hours: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

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Signature of Teacher: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian/Classroom Teacher

\_\_\_\_\_  
Date

**(Must be submitted with billing attendance records)**