CUNY EDGE PROGRAM

EXPLANATION OF ABSENCE FORM

Name: _____   _____

      (First)   (Last)

Social Security # _____-_____-_____   Public Assistance Case#_____

I was absent on _____ and missed _____ hour(s)/day(s)

because_____

- ☐ My child(ren)'s school was closed.
- ☐ My child(ren)'s day care center (DDC) was closed.
- ☐ My child(ren)'s was/were sick.
- ☐ I was sick.
- ☐ I had a family emergency.
- ☐ I had a doctor's appointment.
- ☐ My child(ren) had a doctor's appointment.
- ☐ I had an appointment with:
    - ☐ OES/FIA/BEGIN
    - ☐ ISC/IMC
    - ☐ EVR
    - ☐ FAIR HEARING
    - ☐ WIC
- ☐ I had an employment interview.
- ☐ I had child care problems.
- ☐ Other please specify:

_____
_____
_____

Signature: _____   Date submitted_____/_____/_____

Child(ren)'s Name:_____

School/DCC/Name:_____   Telephone#_____-_____