**Absence Form**

*In the event that you will not be able to participate in a scheduled activity, please call or text (TAZ) The Achievement Zone’s new designated cell phone number* ***(732)-272-3457*** *from now on and let us know as soon as possible. It is* ***imperative*** *the program director and staff is made aware in advance. The services not utilized by any member can be transferred to a wait list candidate and not counted as a loss to our organization and staff. Please fill out all the necessary information below and return this form promptly before the dates stated.* ***Please be aware that frequent absences can result in the loss of services.*** *Our goal is to seamlessly serve our active members to maintain a consistency of high quality service at The Arc. You are the reason we put so much thought into our time and service management. We value your time spent in our programs and we ask that you value ours’ in return. Your cooperation is truly appreciated in this matter. Thank you!*

\*Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Members Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **\*Reason for Absence:**

\_\_\_ Medical \_\_\_ Vacation \_\_\_ Other

\*Absence Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Return Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Vacation Start/End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Optional) Explanation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature/Initials:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\*Phone: \_\_\_\_\_\_-\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_