



A Child Care Resource and Referral Agency

Paid Days Selection Form

Date _____ Service year June 2001 – May 2002

Facility name _____

Director/Contact name _____

Address _____ City _____ Zip _____

Telephone _____ Fax _____

Email address _____

Please select which 10 paid days you would like to use this year. Keep in mind that this form is valid until another is completed and on file. You may not change days within a year unless your facility has enough days remaining to cover your changes as you are allowed a maximum of 10 paid days per payment year.

- | | |
|----------------------------------|---------------------------|
| _____ New Years Day | _____ Labor Day |
| _____ Martin Luther King Jr. Day | _____ Thanksgiving |
| _____ Good Friday | _____ Thanksgiving Friday |
| _____ Easter Monday | _____ Christmas Eve |
| _____ Memorial Day | _____ Christmas Day |
| _____ Independence Day | _____ Day after Christmas |

_____ Other Date(s) _____
_____ Other Date(s) _____
_____ Other Date(s) _____

_____ Teacher Work Day Date(s) _____
_____ Teacher Work Day Date(s) _____

_____ Vacation Day Date(s) _____
_____ Vacation Day Date(s) _____
_____ Vacation Day Date(s) _____

Provider's signature _____

Title/Position