

The Shafer Center
Parent Schedule Request Form

Parent Name: _____

Date Request Submitted: _____

Child Name: _____

Schedule Change Information:

- | |
|--|
| 1. Please create a new sheet for requests which do not fall in the same week |
| 2. Forms are due by 3:00pm on Wednesday, TWO weeks PRIOR to the change |
| 3. Requests may require up to 2 weeks to process |

Type of Request	Date	Time
Early Pick Up		
Late Pick Up		
Vacation / Absence		

Type of Request
<input type="checkbox"/> Temporary
<input type="checkbox"/> Master

Type of Request	Date: Starting Week Of...
Add Service	
Cancel Service	

Child Name	Day	Date	Time	Service (ABA, OT, SLP, Consult, other)	Location (Home, Center, or other)	Staff	Cost	Codes
Notes:								

For Administration Use Only:

Master Changed:		Finance Change:		Weekly Changed:	
Master Entered By:		Finance Schedule Updated By:		Weekly Entered By:	
Master Entered Date:		Finance Schedule Updated Date:		Weekly Entered Date:	
Master Rev:		Finance Schedule Rev:		Contract Signed:	

Document Number: ADM000012

Revision: B

Effective Date: 12/30/15