

OARDC CHILD CARE PROGRAM

EXCEPTION APPROVAL FOR WORKING A UNIVERSITY HOLIDAY

(Revised March 2014)

Employee/Student Name: _____

Child Care Provider's Name: _____

Reimbursement Requested for Month/Year: _____

Reimbursement for (Holiday/Date): _____

Child's Name (one form per child): _____

I certify that I worked the above listed OSU/OARDC observed holiday and my child was in the care of his/her regular approved child care provider. I certify that my spouse (if applicable) also worked the above listed holiday.

Signature of Employee/Participant _____

Approved:

Signature of Supervisor _____

Please submit completed Form with the monthly Child Care Reimbursement Form and Receipts.