

Client Schedule Change Request

For scheduling and billing purposes, Partners In Excellence (Partners) requests that planned schedule changes be submitted **at least two (2) weeks in advance** of the scheduled day of service.

Client Name _____

Form Completed By _____ Date _____

I am requesting the following schedule change:

My child will **NOT BE ATTENDING PARTNERS** on the following date(s):

My child will **ARRIVE LATE** for their session on the following date(s)/time(s):

My child will **DEPART EARLY** from their session on the following date(s)/time(s):

** Other:

** I would like to **PERMANENTLY CHANGE MY CHILD'S SCHEDULED HOURS AT PARTNERS** as follows:

8:00am-4:00pm (M-F)

8:00am-12:00pm (M-F)

8:30am-4:30pm (M-F)

1:00pm-5:00pm (M-F)

9:00am-5:00pm (M-F)

Other: _____

Requested Effective Date of Permanent Change: _____

My child will be **TERMINATING SERVICE AT PARTNERS** effective the following date:
(Must give two week notice)

Additional Comments:

<p>Scheduler Recommendation & Comments:</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Deny</p>	<p>PTL Recommendation & Comments:</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Deny</p>
<p>OFFICIAL RESPONSE: <input type="checkbox"/> Request Approved <input type="checkbox"/> Request Denied</p>	