



## **Palm Beach Behavioral Center Inc**

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## **Contractor Absence Form**

### **Contractor Information**

Name: \_\_\_\_\_ Position (e.g., RBT/BCBA): \_\_\_\_\_

Phone/Email: \_\_\_\_\_ Client(s): \_\_\_\_\_

### **Absence Details**

Date(s) of Absence: \_\_\_\_\_

Total number of days/hours missed: \_\_\_\_\_

Reason for absence:

- ☐ Personal
- ☐ Medical
- ☐ Family Emergency
- ☐ School
- ☐ Other: \_\_\_\_\_

Is coverage needed for your sessions?

☐ Yes ☐ No

Have you informed the families/supervisor?

☐ Yes - Date informed: \_\_\_\_\_ ☐ No

Additional Notes (if any):

\_\_\_\_\_

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form to the designated contact email. You will receive a confirmation once it has been reviewed. Thank you for your professionalism and communication.