

San Francisco County Pilot Program

Request to Reduce Child Care Hours Form (01/01/18)

I, _____, am making a voluntary request to reduce the hours of child care currently authorized.

I'm requesting change for the following child(ren):

A) Child Name:			Date of Birth:	
Current Schedule			New Schedule (Effective Date of Change: _____)	
Current hours Authorized:	M__ T__ W__ T__ Fri__ Sat__ S__	New hours Requested:	M__ T__ W__ T__ Fri__ Sat__ S__	

B) Child Name:			Date of Birth:	
Current Schedule			New Schedule (Effective Date of Change: _____)	
Current hours Authorized:	M__ T__ W__ T__ Fri__ Sat__ S__	New hours Requested:	M__ T__ W__ T__ Fri__ Sat__ S__	

C) Child Name:			Date of Birth:	
Current Schedule			New Schedule (Effective Date of Change: _____)	
Current hours Authorized:	M__ T__ W__ T__ Fri__ Sat__ S__	New hours Requested:	M__ T__ W__ T__ Fri__ Sat__ S__	

By signing this form, I acknowledge that I understand my right to continue using child care services based on my current authorized hours of care. However, I understand that I am requesting a reduction in authorized hours of care and this request is voluntary. (Title 5, § 18084.2)

Parent Name (Print):	Family ID:
Parent Signature:	Date:

Date NOA Sent: _____ Staff Initials: _____