



## Billable Absence Request Form – Residential Programs

Provider Agency:		Submission Date:	
Provider Contact:			
Contract ID:		Fiscal Year:	

### Absence Policy Billing Authorization:

TOTAL number of units on Service Summary Form

TOTAL number of units billed in EIM

TOTAL number of absence days requested

\$  TOTAL value of absence days requested

In the table below indicate all individuals for which billable absence days are being requested (first name and last initial only), the date range in which billable absence days will be applied, the number of absence days for each individual, and a brief description of the reason for absences (ex: illness, planned absence, etc.). If reporting a Q4 vacancy, list the address of the site in the “Name of Individual” column.

*NOTE: If this table does not provide sufficient space, please submit a complete listing as an attachment to this form.*

Name of Individual	Billable Date Range	Absent Days	Description

For DDS use only:

\$  TOTAL Absence Payment approved by DDS ☐ Request Rejected

Area/Regional Director Signature:		Date:	
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*Updated 4/11/2025*