

Provider Vacation Notice

Provider Name \_\_\_\_\_

Starting Date of Vacation \_\_\_\_\_

Ending Date of Vacation \_\_\_\_\_

**BOARD OF  
DIRECTORS**

Cynthia N. Taylor  
*Chairperson*

Ronica Ridley-Martin  
*Secretary*

Pat Edwards  
*Vice Chairpersons*

Earlene Jackson  
*Treasurer*

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

If you are going on vacation, please complete the following form and return to the office. This will enable us to be more accurate when scheduling visits.

Thank you  
Dawn Jones  
CACFP Manager

*www.delparents.org*

**101 W. Loockerman Street Suite 3B Dover, Delaware 19904**  
(302) 678-9288 (800)262-2080 (DE) (302) 678-2730 Fax  
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