OKLAHOMA DEPARTMENT OF HUMAN SERVICES

Therapeutic Foster Care

Leave Tracking

Child	Date of admission	Agency

Placement year _____ to _____

Date left	Date returned	Type of leave	Total number of days	Number of days paid	Number of days not paid	Approved

Total AWOL allotted: **5** Total AWOL used: _____ Total AWOL claimed: _____
Total leave allotted: **28** Total leave used: _____ Total leave claimed: _____

Not to exceed seven consecutive days

Monthly liaison signature	Date