

Date of Care: \_\_\_\_\_

Case #: \_\_\_\_\_

## BUCA Service Authorization Variance

*Any case that varies in any way from the Service Authorization provided requires completion and signature of this form.*

Please take a photo of the completed form and text to: \_\_\_\_\_ 480-205-0121 \_\_\_\_\_ ,

**OR** email to: \_\_\_\_\_ northscottsdaleaz@collegenannies.com \_\_\_\_\_

**Without this form, you will only be paid for the hours shown on the Service Authorization**

Family Name: \_\_\_\_\_ No. of Children in My Care: \_\_\_\_\_

START TIME*		END TIME*	
Scheduled:	Actual:	Scheduled:	Actual:
Greeter's Name:		Releaser's Name:	
Greeter's Signature:		Releaser's Signature:	

*\*Leave blank if no variance*

**Notes:**

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**Nanny's Name:** \_\_\_\_\_

**Nanny's Signature:** \_\_\_\_\_