

**Alabama Department of Human Resources  
Child Care Subsidy Program**

**PROVIDER PAYMENT ERROR CORRECTION FORM  
Time and Attendance System**

Please complete this form if you have a payment error. **Submit the form to your local Child Care Management Agency (CMA).** We prefer that you mail this form instead of calling since that will speed up the process. We will research your problem and contact you as soon as possible.

Provider's Name: \_\_\_\_\_ Provider ID \_\_\_\_\_

Provider's Address: \_\_\_\_\_  
Street City State Zip Code

Provider's Phone: \_\_\_\_\_ Is this a new address and/or phone number: ☐ Yes ☐ No

\_\_\_\_\_  
Authorized Signature Date

**Please check the reason why you think there is an error in your payment and write any additional information you think we will need. .**

☐ *I was **not** paid for the children listed below:*

Child's Name	Child's ID	Date	FT or PT

☐ *I should **not** have been paid for the children listed below:*

Child's Name	Child's ID	Date	FT or PT

☐ *My pay was wrong for the children listed below:*

Child's Name	Child's ID	Date	FT or PT

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**<Agency Name> Response:** \_\_\_\_\_