



Community Living Alliance Time Off Form

PLEASE NOTE: All pre-planned time off requests **require** a 2-week notice. All unplanned time off requests must be turned in with Record of Cares for the week in which you missed the shift. Failure to complete this form may jeopardize your benefit eligibility and approval of time off. PCWs potentially have up to 30 calendar days of Unplanned or Planned Absences per calendar year.

INSTRUCTIONS: Please print clearly in blue or black ink. Complete BOTH sides of the form and sign on back.

PCW's Name: Jo Pecor Employee ID number 12345

PCW's Phone Number: 608 - 242 - 8335

First Date off: 01/24/2020 Expected Return Date: 01/26/2020

Please list all the clients who will be affected by this time off:

John Doe ; Stacy Potters

Please complete the appropriate section below to indicate WHY you are requesting off or missed work.

Serious Medical Related Absence

Is the Medical Condition for:

- Yourself
- Spouse/Domestic Partner
- Your Child
- Your Parent
- Your Military Serving Family Member

Human Resources will follow up with additional paperwork.

Planned / Unplanned Absence

Reason
PCW Vacation

Will you travel outside the USA?

Yes No

If yes, country: _____

Have you notified your client?

Yes No

Do you carry any insurance from CLA?

Yes No

Client Not Available

Client Name

Reason Client is Unavailable

Are you available for temporary hours while Client is unavailable?

Yes No

If no, why?

PLEASE COMPLETE & SIGN BACK OF FORM



Completely fill out grids below for each client you will need time off for.
Use multiple pages if needed.

Client's Name John Doe Supervisor Name Trina Supervisor

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date						01/24/2020	01/25/2020
Time in and out:							
Start						09:00am	12:30pm
End						10:30am	01:15pm

Client's Name Stacy Potters Supervisor Name Corinna Supervisor

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date						01/24/2020	01/25/2020
Time in and out:							
Start						11:15am	08:30am
End						01:00pm	10:00am

Client's Name _____ Supervisor Name _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date							
Time in and out:							
Start							
End							

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You will only be contacted if Time Off Form is denied.

Employee Name (Please Print): To Pecor

Employee Signature: To Pecor Date 01/06/2020

Scheduling Supervisor Signature: _____ Date _____

For office use only:

Approved _____

Denied Reason for Denial _____

Date PCW was notified of denial _____ Date denial letter sent _____