



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: _____ **Employee ID number** _____

PCW's Phone Number: _____

First Date off: _____ **Expected Return Date:** _____

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

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

<p align="center">Serious Medical Related Absence</p>	<p align="center">Planned / Unplanned Absence</p>	<p align="center">Client Not Available</p>
<p>Is the Medical Condition for:</p> <p><input type="checkbox"/> Yourself</p> <p><input type="checkbox"/> Spouse/Domestic Partner</p> <p><input type="checkbox"/> Your Child</p> <p><input type="checkbox"/> Your Parent</p> <p><input type="checkbox"/> Your Military Serving Family Member</p> <p>**Human Resources will follow up with additional paperwork.**</p>	<p>Reason</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Will you travel outside the USA?</p> <p align="center">Yes No</p> <p>If yes, country: _____</p> <p>Have you notified your client?</p> <p align="center">Yes No</p> <p>Do you carry any insurance from CLA?</p> <p align="center">Yes No</p>	<p>Client Name</p> <p>_____</p> <p>Reason Client is Unavailable</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Are you available for temporary hours while Client is unavailable?</p> <p align="center">Yes No</p> <p>If no, why?</p> <p>_____</p> <p>_____</p>

PLEASE COMPLETE & SIGN BACK OF FORM 

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

Client's Name _____							Supervisor Name _____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date _____	_____	_____	_____	_____	_____	_____	
Time in and out:							
Start _____	_____	_____	_____	_____	_____	_____	
End _____	_____	_____	_____	_____	_____	_____	

Client's Name _____							Supervisor Name _____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date _____	_____	_____	_____	_____	_____	_____	
Time in and out:							
Start _____	_____	_____	_____	_____	_____	_____	
End _____	_____	_____	_____	_____	_____	_____	

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 request is denied.

Employee Name (Please Print): _____

Employee Signature : _____ **Date** _____

Scheduling Supervisor Signature: _____ **Date** _____

For office use only:

Approved _____

Denied Reason for Denial _____

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