



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 within the corresponding pay period of your missed shift. Failure to complete this form may jeopardize your benefit eligibility and approval of time off.

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: _____ **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.

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

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 a new line for each client. Indicate AM or PM and the date you will need time off
 Use multiple pages if needed.

Client's Name _____ Supervisor Name _____

Sunday: Date _____	Monday: Date _____	Tuesday: Date _____	Wednesday: Date _____	Thursday: Date _____	Friday: Date _____	Saturday: Date _____
In Time _____	In Time _____	In Time _____	In Time _____	In Time _____	In Time _____	In Time _____
Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____

Client's Name _____ Supervisor Name _____

Sunday: Date _____	Monday: Date _____	Tuesday: Date _____	Wednesday: Date _____	Thursday: Date _____	Friday: Date _____	Saturday: Date _____
In Time _____	In Time _____	In Time _____	In Time _____	In Time _____	In Time _____	In Time _____
Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____

Client's Name _____ Supervisor Name _____

Sunday: Date _____	Monday: Date _____	Tuesday: Date _____	Wednesday: Date _____	Thursday: Date _____	Friday: Date _____	Saturday: Date _____
In Time _____	In Time _____	In Time _____	In Time _____	In Time _____	In Time _____	In Time _____
Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____	Out Time _____

PLEASE NOTE:

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You will **only** be contacted if your 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** _____