**COMMUNITY LIVING BRANT**

**PART-TIME AVAILABILITY EXCEPTION REQUEST**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Start Date for Exception Request |  |
| Duration of Exception Request(no longer than 1year) |  |
| Exception Request Details, including reason |  |
| Availability During This Time(complete chart on reverse) |  |
| Exception Request Support(attach relevant documentation)  |  |

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forward completed form and any supporting documentation to Human Resources**

TO BE COMPLETD BY HUMAN RESOURCES:

|  |  |
| --- | --- |
| Date Request Received |  |
| Decision |  |
| Date Advised of Decision: | Employee:Supervisor: |
| Follow Up Review Date (if applicable) |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EXECUTIVE DIRECTOR APPROVAL

AVAILABILITY DURING EXCEPTION PERIOD

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 29 | 30 | 31 |  |  |  |  |

COMMENTS: