Spinal Injuries ASSOCIATION

Personal Support Plus

A Service of the Spinal Injuries Association

REQUEST FOR SHIFT COVER/LEAVE

PCA's Name:_____

Client Service Officer's Name:_____

If you need to take time off please take the following action:

- Advise your Client and check if they have any preference about who they wish to cover shifts.
- Where possible contact other PCA's on the roster to see if they are interested in covering any of your shifts. If you can't cover all of your shifts please just leave the last column blank.
- Complete this form and send it in to either Personal Support Plus, P.O. Box 5651, West End 4101 or Spinal Injuries Association, P.O. Box 618, Aitkenvale 4814, as appropriate.

A separate form is required for each Client.

Client's Name:			**Client advised** Yes ❑ No ❑
Date of Absence:	From: / /	To: / /	Date returning to work: / /

Day	**Date**	**Shift Start Time**	**Shift Finish Time**	**PCA covering the shift** (leave blank if shift has not been covered)

PCA's Signature:	**Date: / /**

OFFICE USE ONLY

Shift Times Confirmed by CSO Yes ❑ No ❑				
Absence Approved and PCA Notified:	CSO's Name		/ / CSO's Signature	
Updated roster sent if requested	Client	Date: / /	PCA's	Date: / /
Comments:				