

Caregiver Name _____

Client Name(s) _____

Instructions: Complete this form to request a temporary increase to the standard work limits of 40 hours per week (WWL) or 8 hours per day (DWL) and email to InfoCDAK@consumerdirectcare.com. Unapproved overtime is not allowed except in emergent situations.

If a form is incomplete or missing information it may be returned, causing delays in processing. If you have questions, please call us at 888.900.7962. Please allow 7-10 business days to process.

Work Limit Type: Daily Weekly – Total Weekly Hours Requested: _____

Work Week Start Date: _____ **End Date:** _____ (A work week is Sunday-Saturday)

Schedule – Please fill out your requested weekly schedule. Use the key to identify hours by service. If you work for multiple clients, identify by using client initials.

KEY: PCS, Daily Respite: DR, Hourly: HR, Chore, Day Hab: DH, In-Home Supports: IHS, Supported Living: SL

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Daily Total	Daily Total	Daily Total	Daily Total	Daily Total	Daily Total	Daily Total

*Work time should not overlap with other caregivers or the client’s sleep.

Reason: Check the box that describes the reason a temporary increase is being needed.

Scheduling daily respite care services.

Lack of provider availability to meet temporary care needs:

Client is actively recruiting or hiring another caregiver, but the process is not yet complete.

Client had a recent increase in hours and will start the recruiting process for another caregiver.

Client has approved travel limited to one paid caregiver with no other natural support available.

Another caregiver for the client quit or is temporarily unavailable and the supports identified in the client's Emergency and Backup Plan are unable to fulfill temporary care needs.

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