

## Center for Social Change, Inc.

## Request for LOA for Individual

I, the undersigned		hereby a	assume full responsibility		
£	NAME				
for while he/she will be under my care and supervision					
fromat_	am/pm				
DATE	TIME				
to at _ DATE	am/pm.				
I have received the following medications to be administered while he/she will be under					
my custody.					
MEDICATION NAME		DOSE	FREQUENCY	Initial	
THE TOTAL TANKS		DOSE	THEQUENT		
I agree to return to his or her home on or before the date and					
time stated above. I am aware of CSC's policy that an extension of leave of absence for					
is granted only by an administrator (whose pager number is					
Signature:					
Address:	C II DI				
Telephone:	Cell Phone:		-		
Staff Use Only 1) I hereby acknowledge that I have witnessed signing of this leave agreement by					
	on a	_	_	it by	
CAREGIVER NAME	INDIVIDUAL	DATE	TIME		
DDIVE					
PRINT SIGN					
2) I hereby acknowledge that the individual was returned to his/her home by in satisfactory condition.					
CAREGIVER NAME	iacivi y cuiiuitivii.				
			_		
PRINT	SIG	N	Date		