

Planned Leave Substitute Caregiver Plan

Complete this form and send it to your RLS if a non-license holder will be providing care in your licensed program due to a planned absence.

License holder name(s):

Dates of planned leave:

Reason for planned leave:

If the absence is related to a change in health status, you may be asked to provide an evaluation from your health provider.

Substitute caregiver name:

Date "Caregiver Training Log" requirements were reviewed:

Date guardian/case manager notified of leave:

If multiple substitute caregivers will be used, please provide a calendar outlining the dates each will be providing care.