

CCRS Weekly Schedule Form

Name: _____ (Print Name) DOB: _____ Case Manager: _____

Employed: Yes No Employer: _____

Revised Schedule: Yes No Pod / Bed Assignment: _____

DAY	DATE	EVENT START TIME	EVENT END TIME	EVENT DESCRIPTION AND LOCATION	MODE OF TRAVEL	CHECK OUT (ADMIN USE ONLY)	CHECK IN (ADMIN USE ONLY)
MON							
MON							
MON							
MON							
TUES							
TUES							
TUES							
TUES							
WED							
WED							
WED							
WED							
THUR							
THUR							
THUR							
THUR							
FRI							
FRI							
FRI							
FRI							
SAT							
SAT							
SAT							
SAT							
SUN							
SUN							
SUN							
SUN							

Participant Signature: _____ Date: _____

CCRS Weekly Schedule Policy

1. I understand that I am required to arrange and finalize my proposed travel schedule one (1) week in advance, and then turn in my ACCC Weekly Schedule Form for consideration and approval each Friday no later than 9:00AM.
2. I understand that I may only submit my Weekly Schedule Form in person at the CCRS facility in the assigned POD dropbox.
3. I understand that in advance of arranging and finalizing my proposed travel schedule, I must receive approval from my assigned case manager for each event and each requested location prior to including the event/location on my Weekly Schedule Form. Failure to obtain prior approval will result in an unapproved weekly schedule and I understand that I will not be allowed to leave the facility to attend the unapproved event/location. All work hours must be verified.
4. I understand that I must include specific dates, exact times and exact locations for all events that I enter on my Weekly Schedule Form. Mode of travel must also be included for each event. All information submitted via my weekly schedule must be clear and legible to be approved.
5. I understand that I will only be contacted by ACCC staff if my proposed weekly schedule is denied. I understand that my proposed ACCC weekly schedule is approved unless your schedule is returned to you and notes are made for corrections needed.
6. I understand that I will not be permitted to leave the facility or travel to any location that has not been approved by ACCC staff in advance on my weekly schedule. The only exceptions to this policy are your approved passes, or for a verified medical emergency.
7. I understand that I do not have to list approved passes on my Weekly Schedule Form. Pass requests and approvals must go through the Pass Investigator per the ACCC Pass Policy. Please refer to the specific pass policy guidelines outlined in the ACCC General Rules and Special Conditions and the Residential Services Handbook.
8. I understand that I must call ACCC communications staff before leaving any other location. Please refer to the specific call instructions outlined in the ACCC General Rules and Special Conditions and the Residential Services Handbook.
9. I'm expected to have my schedule finalized and turned in for approval by Friday at 9:00 am. On the very rare occasion I may need to modify my schedule I understand that I will be required to submit a new Weekly Schedule Form for review and approval 24 hours in advance of the event start time. On the new Weekly Schedule Form, I must mark the **Revised Schedule** box at the top of the page and I should only include the requested additions and revisions to my schedule on the new form.

****You cannot change your mode of travel without permission in advance from ACCC Staff****