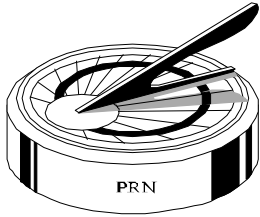


- TIME OFF/VACATION FORM -



**INDIANA PHARMACISTS ALLIANCE
PHARMACISTS RECOVERY NETWORK**

729 N. Pennsylvania St
Indianapolis, IN 46204-1128
Phone (317) 624-4401
Fax (317) 624-4405

Request for Vacation or Other Leave

*Instructions: The client must complete this form and submit by fax or US Mail to the PRN Office for approval of vacation or leave, **at least two weeks prior to the leave**. The PRN Office will send this request to the Addictionologist for approval. It is the responsibility of the client to confirm with the PRN Office that the vacation/leave has been approved. The PRN office will send a hard copy to client by US Mail and an email confirmation to client when vacation/leave is approved.*

Client Name _____ Date _____

CVI Reference No. _____

Will be away _____ to _____

Reason _____

Client Signature _____ Date _____

Addictionologist Use Only:

____ Client vacation or leave is **NOT** approved at this time. Please call Addictionologist.

____ Client is excused from calling the CVI random notification system while away.

____ Client will continue to call the CVI random notification system while away.
(Upon approval of this vacation plan, the client must contact Compass Vision at
(800) 830-7899 to arrange for a collection site in the area).

____ Client is to continue attendance at AA/NA meetings while away.
meetings should be made up within the month.

Addictionologist Approval Signature _____ **Date** _____

PRN Use Only
____ Client
____ Monitor
____ CVI
ID#