

CCA Request for Inactive Status

This form is to be completed and emailed to the ICCA office, who will then forward to the CCA's Local Board. Forms need to be filed as soon as possible after being notified of CCA status being terminated. The ICCA Program has the authority to request additional information if needed.

Name: _____ CCA Number: _____

Local Board Name: _____

Email: _____ Phone number: _____

Employer Name: _____

Direct Supervisor Name: _____

Email for Direct Supervisor: _____

Phone for Direct Supervisor: _____

Request for CCA Inactive Status:

_____ to _____
Inactive Status Start Date **Inactive Status End Date**

Reasons for Appeal: (check all that apply and/or describe the reason)

- Maternity / Paternity / Parental Leave
- Accident
- Planned or unplanned medical procedure
- Active Military Duty
- Time off from employment due to job change and/or relocation
- Other please describe (attach more info in separate document)

By signing you give permission to the ICCA Program to contact your employer and anyone else connected to this request to verify information. You understand that untrue or misrepresented information is a violation of the CCA Code of Ethics and could result in termination of CCA status.

NOTE: A CCA on inactive status is prohibited from using the CCA name, logo, or any other identification as long as they are on inactive status.

CCA Signature

Date

Office use only

Board Decision (check one):

_____ **Approve**

_____ **Deny**

Notes:

Board Representative Signature