Calgary Progressive Lifestyles Foundation

Providing Services for Citizens with DisAbilities

Today's Date:			
Name of Person requesting Time Off:			
Time Off that is being requested:			
First Day Off:			
Return Date:			
Purpose of Time off (√): ☐ Bereavement ☐ S☐ Parental☐ Other:	Sick 🗆 Vacation	☐ Medical	☐ Maternity
Client affected: Case Manager's Name:			
Disclaimer It is understood by the employee that to be paid for a state Have worked 30 days for their employer in the paid to be paid for a state of the paid for a state of the paid for a state of the paid for t	receding 12 months, and	nsent is given)	
Employee Agrees:	Date:		
Signature HR Representative:	Date:		
Signature			
For Finance Use Only Date Received in Finance:			
Payment made (if required) through Cheque /D.D No.		Date:	
Online ROE Submitted – Date:	Finance Signature:		

For those employees requesting a prolonged leave of absence, it may not be possible to return to your client(s) and may result in a shortage of work on your return. Please send all time off request forms to <u>Reception@cplf.ca</u>