



Calgary Progressive Lifestyles Foundation

Providing Services for Citizens with DisAbilities

Time Off Request Form

Today's Date: _____

Name of Person requesting Time Off: _____

Time Off that is being requested: _____

First Day Off: _____

Return Date: _____

Purpose of Time off (v): Bereavement Sick Vacation Medical Maternity

Parental

Other:

Client affected: _____

Case Manager's Name: _____

Disclaimer

It is understood by the employee that to be paid for a statutory holiday, one must:

- Have worked 30 days for their employer in the preceding 12 months, and
- Work their scheduled shift before and after the holiday (unless employer consent is given)

Employee Agrees: _____

Signature

Date: _____

HR Representative: _____

Signature

Date: _____

For Finance Use Only

Date Received in Finance: _____

Payment made (if required) through Cheque /D.D No. _____ Date: _____

Online ROE Submitted – Date: _____ Finance Signature: _____