



# 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: \_\_\_\_\_