



# Calgary Progressive Lifestyles Foundation

*Providing Services for Citizens with DisAbilities*

## Time Off Request Form – Support Staff

Today's Date:							
Name of Person Requesting Time Off:							
First Day Off:							
Last Day Off:							
No. of Days Time off Requested:							
Purpose of Time off:		Bereavement	<input type="checkbox"/>	Sick	<input type="checkbox"/>	Vacation	<input type="checkbox"/>
		Medical	<input type="checkbox"/>	Maternity	<input type="checkbox"/>	Parental	<input type="checkbox"/>
		Other	<input type="checkbox"/>				
Client(s) Affected:							
Name of the Case Manager(s):							

### Disclaimer

It is understood by the employee that to be paid for a statutory holiday, one must work their schedule shift before and after the holiday (unless employer consent is given).

Employee's Signature	Date

Approved by HR Representative	Date

Please send all time off request forms to [reception@cplf.ca](mailto:reception@cplf.ca)