



Calgary Progressive Lifestyles
Foundation

Providing support services to people with disAbilities

Support Staff Time Off Request Form

Today's Date	
Name of person requesting time off	
First day off	
Last day off	
# of days off requested	
Purpose of time off	Bereavement Sick Vacation Medical Maternity Parental Other ¹ Quarantine
Client(s) affected	
Work type affected	Residential/respite Hourly Both
Name of the Case Manager(s)	
Case Manager approved (office use only)	

Employee's Signature

Date

Approved by HR Representative

Date

Please send all time off request forms to reception@cplf.ca

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).

¹Quarantine is as per government recommendations. If it will be for longer, please submit an updated time off request.