



Calgary Progressive Lifestyles
Foundation

Providing support services to people with disAbilities

Time Off Request Form

Name of person requesting time off: _____

Today's Date: _____ # of days off requested: _____

First day off: _____ Last day off: _____

Purpose of time off:

Bereavement

Sick

Vacation

Medical

Maternity

Parental

Other

¹Quarantine

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.