

A registered charity supporting people with disAbilities at home, work & in the community

Support Staff Time Off Request Form

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

Staff’s Signature

Acknowledged by HR Representative

Date

Date

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

*For residential support staff: time off requests are not required for pre-approved respite days. Any time off over and above the pre-approved respite days will be taken from the clients’ residential budget and paid to the covering staff.*