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

Support Staff Time Off Request Form

|  |  |
| --- | --- |
| 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**

**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.*