

**Support Staff Time Off Request Form**

**Please send all time off request forms to timeoffrequests@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 stat 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.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of submission** | |  | | |  |  | |  |  |
| **Full name of person requesting time off** | |  | | |  |  | |  |  |
| **First day requested off** | |  | | |  |  | |  |  |
| **Last day requested off** | |  | | |  |  | |  |  |
| **Total # of days requested off** | |  | | |  |  | |  |  |
| **Purpose of time off** | | \_\_\_Bereavement  \_\_\_ Medical  \_\_\_ Other | | |  | \_\_\_Maternity    \_\_\_ Vacation | |  | \_\_\_Paternal  \_\_\_ Leave of absence |
| **Staff Signature** | |  | | |  |  | |  |  |
| **Name of client(s) affected** | #1 | |  | #2 | | | #3 | | |
| **Work type affected** |  | | \_\_\_Residential/respite  \_\_\_Hourly  \_\_\_Both | \_\_\_Residential/respite  \_\_\_Hourly  \_\_\_Both | | | \_\_\_Residential/respite  \_\_\_Hourly  \_\_\_ Both | | |
| **Time of day** |  | |  |  | | |  | | |
| **Name of Case Manager(s)** |  | |  |  | | |  | | |

**Office use only\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Case Manager Approval** | \_\_\_\_ | \_\_\_\_ | | \_\_\_\_ |
| **HR Signature** |  | | **Date posted** | |