

**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** |