



Support Staff 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

Maternity

Medical

Vacation

Parental

Other:

Leave of absence

Name of client(s) affected:

Work type affected:

Residential/respite

Residential/respite

Residential/respite

Hourly

Hourly

Hourly

Both

Both

Both

Time of day:

Name of Case Manager(s):

Staff's Signature

Please send all time off request forms to timeoffrequests@cplf.ca and your supervisor.

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.

Office use only*

_____ Case Manager Approval

_____ Case Manager Approval

_____ Case Manager Approval

_____ HR Signature

_____ Date posted