CALGARY PROGRESSIVE LIFESTYLES FOUNDATION

Supporting people with disAbilities at work, at home and in the community since 1989.

Admin Staff Time Off Request Form

Name of Person Requesting Time Off: _____

Today's Date: _____

First Day Off: _____ Last Day Off: _____

Purpose of Time Off:

- Personal Leave
- Medical Leave
- Maternity/Parental Leave
- Bereavement Leave
- Compassionate Care Leave
- Leave of Absence (For periods exceeding 29 days)
- Jury Duty

Name of Person Covering	Name of Person Covering	Name of Person Covering
Signature of Person Covering	Signature of Person Covering	Signature of Person Covering

Admin Staff's Signature

Approving Supervisor's Name	Approving Supervisor's Signature	Date

Admin Staff: Please submit all Time Off Request Forms to your supervisor for approval.
Supervisors: Please submit all approved Time Off Request Forms to **updates@cplf.ca**.

Disclaimer
It is understood by the employee that to be paid for a statutory holiday, one must work their scheduled shift before and after the time off.

Posted by HR