



CPLF Staff Time Off Request Form

Send all Time Off Request forms to timeoffrequests@cplf.ca for potential approval.

Name of Person Requesting Time Off: _____

Today's Date: _____ # of Days Off Requested: _____

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 Supported
Individual(s) affected:



Name of CPLF Human Services
Coordinator(s):



Work Type Affected:

Residential/respice

Hourly



Staff's Signature

Name of Supported
Individual(s) affected:



Name of CPLF Human Services
Coordinator(s):



Work Type Affected:

Residential/respice

Hourly

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 respice days. Any time off over and above the pre-approved respice days will be taken from the clients' residential budget and paid to the covering staff.

Office Use Only*

HSC Approval

HSC Approval

HSC Approval

HR Signature

Date Posted