

**SPECTRUM SOCIETY FOR COMMUNITY LIVING**

**REQUEST FOR TIME OFF (2008)**

Employee name \_\_\_\_\_

Start date with Spectrum \_\_\_\_\_ Program \_\_\_\_\_

**TYPE OF REQUEST** (check one): see Personnel Policy & Procedures Manual for descriptions

- \_\_\_\_\_ Annual vacation (policy 17)
- \_\_\_\_\_ Special leave (policy 19)
- \_\_\_\_\_ Leave of absence, long-term (policy 20)
- \_\_\_\_\_ Maternity leave (policy 21)
- \_\_\_\_\_ Parental leave (policy 22)
- \_\_\_\_\_ Stat day (policy 13)
- \_\_\_\_\_ Switching shifts (Manager approval required)

**Requested date(s) of leave** (list shift dates to be covered) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date of return to work** \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date submitted \_\_\_\_\_

**PLEASE SUBMIT REQUEST TO PROGRAM MANAGER**

Manager name \_\_\_\_\_

Date request received \_\_\_\_\_

**NOTE: Requests for long term LOA (over 2 wks), or Special Leave are subject to approval by one of the Directors. Requests for Vacation, Maternity or Parental leave must be approved by the Personnel Co-ordinator.**

Manager: initial one	_____ approved	OR	_____ denied
Director (if applicable)	_____ approved	OR	_____ denied
Personnel Coord.(if applicable)	_____ approved	OR	_____ denied

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Distribution:** original to employee

copy #1 to Manager

copy #2 to personnel