

Employee Leave
Request Form

403-250-6790

403-250-3476

payroll@cocobrooks.com

EMPLOYEE

COMPANY: ☐ HSDC ☐ CCBDATE: _____
MM/DD/YYYY

EMPLOYEE NAME: _____ POSITION: _____

DEPT.: ☐ Restaurant CCB# _____ ☐ Commissary ☐ Head Office ☐ Warehouse ☐ MaintenanceStart Date: _____ End Date: _____ Return to Work Date: _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

TYPE OF REQUEST

☐ Time Off

(INITIAL HERE) Requests of 1-2 days must be submitted A WEEK IN ADVANCE.

(INITIAL HERE) All RTO days are unpaid & VACATION PAY WILL NOT BE ISSUED.

- **Use For:** Requesting time off between **1 – 2 days**.
- **Reason for Request:** Medical, Personal, Funeral, Others such as illness or injury
- **Submission Date:** Requests must be submitted and approved at least 1 week prior to start date of employee's requested day(s).
- **Unpaid Leave:** Accrued vacation pay can only be used for approved vacation days.

• **Required Approval**

- Time Off -

Recommended by - Not Needed
Approved by - Location / Dpt Mgr

- Vacation -

Recommended by - Location / Dpt Mgr
Approved by - VP / President

- Extended Leave -

Recommended by - Location / Dpt Mgr
Approved by - VP / President

☐ Vacation(INITIAL HERE) Request must be submitted **2 WEEKS IN ADVANCE**.

(INITIAL HERE) Require approval before booking any TRAVEL PLANS (Flights, Hotel, etc.)

- **Use For:** Requesting vacation between **3 – 14 days** during authorized vacation periods only
- **Reason for Request:** Pre-planned time off. Employees must ensure their vacation requests are approved before booking any trip/travel plans to ensure that the requested time is available.
- **Submission Date:** Requests must be submitted and approved at least 2 weeks prior to the start date of employee's requested day(s) off.
- **Approval based on:** 1st – During authorized vacation period(s), 2nd – Availability, 3rd – Seniority, 4th – First come, First Serve
- **Paid Leave:** Paid until bank hours and vacation pay have been exhausted
- **Holidays:** If a paid holiday occurs during employee's vacation period and the employee is eligible for holiday pay, the day will be counted as a holiday rather than a vacation day. Therefore there will be no deduction to your accrued vacation pay for that day.

☐ Extended Leave (ELOA)(INITIAL HERE) Request must be submitted **3 WEEKS IN ADVANCE**

(INITIAL HERE) Require approval before booking any TRAVEL PLANS (Flights, Hotel, etc.)

(INITIAL HERE) **HOLIDAY PAY WILL NOT BE PAID** for Holidays occurring during leave.

(INITIAL HERE) Failure to Return to work on scheduled date will be deemed Voluntary Quit

- **Use for:** Requesting time off for **over 14 days**
- **Reason for Request:** Vacation, Medical, Compassionate Care, Return to School, Personal and Others
- **Submission Date:** Requests must be submitted and approved at least 3 weeks prior to the start date of employee's requested day(s) off.
- **Approval based on:** 1st – During authorized vacation period(s), 2nd – Availability, 3rd – Seniority, 4th – First come, First Serve
- **Paid Leave:** Paid until bank hours and vacation pay have been exhausted
- **Holidays:** Holiday pay will not be paid for the paid holidays occurring during employees extended leave.

EMPLOYEE'S
COMMENTS

I UNDERSTAND THAT TIME AWAY FROM WORK IS SUBJECT TO MANAGEMENT APPROVAL AND COMPANY POLICIES.

SIGN

NAME

SIGNATURE

MM/DD/YYYY

AUTHORIZATION
(FOR OFFICIAL USE ONLY)

(INITIAL HERE) Entered into When I Work

(INITIAL HERE) Coverage for employee provided by Loc'n or Dept Mgr

(INITIAL HERE) Confirmation message sent to Employee

Recommended By:

NAME

SIGNATURE

☐ DEPARTMENT MANAGER☐ LOCATION MANAGERApproved ☐ Disapproved ☐

NAME

SIGNATURE

MM/DD/YYYY

☐ DEPARTMENT MGR☐ LOCATION MGR☐ HR DEPARTMENT☐ VICE PRESIDENT☐ PRESIDENTPAY-
ROLL

Received By:

(INITIAL HERE)

Date Received:

(MM/DD/YYYY)

Scanned

