

**CBC/CMG SPECIAL LEAVE REQUEST FORM**

**(To Be Completed by the Employee)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Contact information: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Department: \_\_\_\_\_ Shift Schedule: \_\_\_\_\_  
Reason for Leave: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Number of Special Days (and Dates) Requested: \_\_\_\_\_  
Date of Return: \_\_\_\_\_

**For general special leave requests complete Part A, for illness in the immediate family complete part B**

**PART A - GENERAL**

Full Details of request for leave:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any other individuals or resources available to deal with the situation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were there any steps taken to date by you or friends or family to address/mitigate the situation? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other leave available (Annual Leave, Time in Lieu, Leave of Absence Without Pay)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CBC/CMG SPECIAL LEAVE REQUEST FORM**

**(To Be Completed by the Employee)  
PART B (Illness in the family)**

Full details of request for leave: \_\_\_\_\_

Relationship of Ill Family Member to Employee: \_\_\_\_\_

Location of family member: \_\_\_\_\_

Nature of care or support required: \_\_\_\_\_

Date of illness/situation starting: \_\_\_\_\_

Date illness/situation ended: \_\_\_\_\_

Is this the first request associated with this problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you anticipate a need for a second or subsequent related to this problem? Yes \_\_\_\_\_ No \_\_\_\_\_

Who normally provides care? \_\_\_\_\_

Was any supporting documentation provided? \_\_\_\_\_

If not, will there be any supporting documentation provided and by what date? \_\_\_\_\_

Other available family members to provide care/support: \_\_\_\_\_

Were any efforts made to find alternative care (provide details E.g. list who was contacted and at what time): \_\_\_\_\_

Other non-family members who are available to provide care/support: \_\_\_\_\_

Does any other family member work for the Canadian Broadcasting Corporation? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, name and Department: \_\_\_\_\_

Any other leave available? (Annual, Time in Lieu, Leave Without Pay, etc.) \_\_\_\_\_

Additional information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Number of Days Authorized