

CBC/CMG SPECIAL LEAVE REQUEST FORM

(To Be Completed by the Employee)

PART A - GENERAL

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Preferred Contact information: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department/Program/Unit Name: \_\_\_\_\_ Manager: \_\_\_\_\_

- Special Leave is designed to assist an employee facing an immediate or serious need in some aspect of their lives beyond the workplace, such as personal matters or unforeseen emergencies that affect the employee or the employee's immediate family.
- Special Leave requests shall be submitted to the employee's Manager. Such requests are not automatically granted nor unreasonably withheld.
- Proper documentation may be required if requested by the Corporation. Managers will make their determination based on the information provided, and operational requirements.
- In determining whether to grant leave and how much, leaves may include a blend of Special Leave, Time off in Lieu, Annual Leave, and Leave Without Pay. Alternate work arrangements will be considered where appropriate.

For additional information on Special Leave, please reference Article 72 of the CBC-CMG Collective Agreement.

Reasons for Leave (Please select the reason that applies)

- Child Care
- Elder Care
- Domestic Emergency
- Family Emergency
- Illness in the Immediate Family
- Other  Please specify: \_\_\_\_\_

Period of Total Leave Requested: \_\_\_\_\_

Dates Requested (please specify): \_\_\_\_\_

Is this the first request associated with this reason for leave? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Any other leave available? (Annual, Time in Lieu, etc.) \_\_\_\_\_

What arrangements have been explored in order to address/ mitigate this specific need? (e.g. other support from family / friends, alternative care arrangements)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information for Consideration:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where possible and practical, this form must be submitted prior to the requested leave. The completed form must be emailed to your Manager for approval.

For all Special Leave requests complete Part A, for illness in the immediate family also complete part B

CBC/CMG SPECIAL LEAVE REQUEST FORM

PART B - ILLNESS IN THE IMMEDIATE FAMILY

Relationship of ill family member to employee:

---

Location of ill family member:

---

Extent of care or support required from the employee:

---

---

Does any other family member work for the CBC / Radio-Canada?

Yes \_\_\_\_\_

No \_\_\_\_\_

If so, name, department & location

---

---

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

\_\_\_\_\_  
Date

Where possible and practical, this form must be submitted prior to the requested leave. The completed form must be emailed to your Manager for approval.

Please attach any supporting documentation.

For Manager's Completion (following discussion with employee)	
_____ Manager Signature	Total Leave Granted _____
	Paid Special Leave _____
	Annual Leave _____
	Time in Lieu _____
	Leave Without Pay _____
	Other (please specify) _____

*Please submit a copy of this form to HR\_Records@radio-canada.ca*