

# Emergency Leave

## Personal Information

Employee Name

Department

Date[s] Requested

relevant additional information

\_\_\_\_\_  
employee signature

\_\_\_\_\_  
date

## Reason for Request

Sick Leave

[three days unpaid as defined by Ministry of Labour]

Family Responsibility Leave

[three days unpaid as defined by Ministry of Labour]

Family Bereavement Leave

[two days unpaid as defined by Ministry of Labour]

\_\_\_\_\_  
Family Member [see below for Ministry of Labour definitions]

Family member for the purpose of Emergency leave is defined by the Ministry of Labour as:

- » spouse (includes both married and unmarried couples, of the same or opposite genders)
- » parent, step-parent, foster parent, child, step-child, foster child, grandparent, step-grandparent, grandchild or step-grandchild of the employee or the employee's spouse
- » spouse of the employee's child
- » brother or sister of the employee
- » relative of the employee who is dependent on the employee for care or assistance

## For office use only:

Approved

Denied

\_\_\_\_\_  
reason for denial

Additional information required

## Reviewed by Manager of Infection Control & Occupational Health:

\_\_\_\_\_  
initials

\_\_\_\_\_  
date

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Please submit this form to the scheduling office at Cassellholme or email it to [pay@cassellholme.on.ca](mailto:pay@cassellholme.on.ca)