

# Emergency Leave

## Personal Information

Employee Name

Department

Date[s] Requested

relevant additional information

In order to be considered, a completed Emergency Leave Form must be submitted to the HR/Payroll Office within 14 days of the occurrence.

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

\_\_\_\_\_  
date

## Reason for Request

### Family Responsibility Leave

[three days unpaid as defined by Ministry of Labour]

"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

### Family Bereavement Leave

[two days unpaid as defined by Ministry of Labour]

"Family Member" for the purpose of Emergency Leave who are not already covered by Cassellholme's bereavement policy include:

- » foster parent, foster child, step-grandparent, or step-grandchild of the employee or employee's spouse
- » relative of the employee who is dependent on the employee for care or assistance

Refer to your union's collective agreement for qualification and compensation guidance.

\_\_\_\_\_  
family member name

\_\_\_\_\_  
employee relationship to family member

**An obituary or death certificate copy must be attached for Bereavement Leave.**

## For office use only:

Approved

Denied

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

Additional information required

## Reviewed by Occupational Health & Wellness Coordinator:

\_\_\_\_\_  
initials

\_\_\_\_\_  
date

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