



CITY CRUISES CANADA POLICIES AND PROCEDURES

CREW LEAVE REQUEST

Prior to completing this form, crew members are advised to speak with HR

| | |
|-----------|------------|
| CREW NAME | DATE |
| POSITION | DEPARTMENT |

TYPE OF LEAVE

- | | | |
|---------------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Personal Leave | <input type="checkbox"/> Pregnancy/Maternity | <input type="checkbox"/> Reservist |
| <input type="checkbox"/> Medical or Short-Term Disability | <input type="checkbox"/> Family Caregiver | <input type="checkbox"/> Bereavement |
| <input type="checkbox"/> Family Medical/Compassionate Care | <input type="checkbox"/> Organ Donor | <input type="checkbox"/> Critical Illness |
| <input type="checkbox"/> Crime-Related Child Death or Disappearance | <input type="checkbox"/> Court or Jury Duty | <input type="checkbox"/> Parental |
| | <input type="checkbox"/> Other: _____ | |

DOCUMENTATION REQUIRED:

- Medical documentation from a qualified health practitioner is required for the following leaves:
 - *Medical or Short-Term Disability, Pregnancy/Maternity leave, Family Medical Compassionate Care, Critical Illness, Family Caregiver, Organ Donor*
- Proof of active reservist documentation required for *Reservist Leave*
- Jury summons or subpoena required for *Court or Jury Duty*
- Written request required for a *Personal Leave*
 - crew members who receive company benefits will remain eligible for the first thirty (30) days (excluding Short Term Disability, Long Term Disability, Travel Insurance, and RRSP contributions) of the leave. See HR for more information.
- Documentation may be requested for *Bereavement Leave*

DATE OF LEAVE REQUEST

Leave requested from*: _____ to: _____

*Leave start date should be the first date after any pre-booked vacation or lieu.

COMPLETED FORMS SHOULD BE SUBMITTED TO YOUR SUPERVISOR/MANAGER FOR PROCESSING

| | |
|---------------------------------------|----------------------------|
| _____ CREW SIGNATURE | _____ DATE |
| _____ SUPERVISOR/MANAGER SIGNATURE | _____ DATE (dd/mm/yyyy) |

RETURN FROM LEAVE First day worked or scheduled to work: _____

Department Manager Signature: _____