A picture containing logo

Description automatically generated

|  |  |
| --- | --- |
| **Document Name** | Time Off Policy |
| **Document Number** | 2006p |
| **Last revised** | August 9, 2022 |
| **Purpose** | To ensure all time off for employee sickness or unexcused absence is recorded |
| **Connecting Documents** | Not applicable |
| **Connecting Forms** | 2006f |
| **Connecting Systems** | 2006s |

**FOR ANY UNEXPECTED ABSENCE OR TARDINESS**

# EMAIL YOUR IMMEDIATE SUPERVISOR

**& HR@OPS-INC.CA**

**Time Off Policy**

**If** an employee is late or not able to attend work for any reason beyond their control, he or she **must** email their immediate supervisor and HR@ops-inc.ca, **no later than 7:00AM**, **the morning of the absence or tardiness.** The email must include the reason for the absence or tardiness, and the expected date of their return to work.

1. The absence or tardiness will be recorded by Office Administration/HR Department. The HR department will forward the information onto the supervisor and manager of their department.
2. For any expected or unexpected absence, the employee **must** hand in a Time Off Request Form on the day they return to work to the Payroll Department for processing.
3. If you require clarity when filling out the Time Off form refer to Time Off System # 2006s.

**Acknowledgment and Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have read and understand the Time Off Policy of EZ STAK, and that I hereby acknowledge and declare that:

|  |  |
| --- | --- |
| 1. I have received, read, and understood the following system, policy, and request form:  * Time Off System # 2006s * Time Off Policy # 2006p * Time Off Request Form #2006f      1. I agree that I will follow the above-mentioned methods of booking time off, reporting an absence or tardiness and filling out the required documentation, in accordance with EZ STAK’s Systems’ policy and understand that breaching this standard may result in disciplinary action.   Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |