

Compassionate Care and Emergency Leave (CCEL) Department Reimbursement Request

This form must be completed by the department and forwarded to Health Promotion and WorkLife Services in all situations where reimbursement of reasonable incremental added costs as a result of approving a Compassionate Care & Emergency Leave is requested.

Staff Member on CCEL Leave: _____

Nature of the Leave approved:

Funding Requested: _____

Reason for the Funding Request (i.e. detail of the incremental added costs to the department as a result of this leave request being approved):

Departmental Request Completed by: _____

Authorized Individual Signature: _____ **Date:** _____

For Use of Health Promotion and WorkLife Services:

Confirmation of eligibility: Yes No

Decision re: reimbursement request:

Request Reviewed by: _____

Authorized Individual Signature: _____ **Date:** _____

Date Funds Transferred: _____

Return to: Health Promotion and WorkLife Services, Human Resource Services, 2-60 University Terrace,
or fax to 780.492.0798