



Mission Yogurt Inc.

Request for Leave of Absence

TEAM MEMBER INFORMATION

Team Member Name: _____ Contact Number: _____

Date of Request: _____ Home Store: _____

Direct Supervisor: _____

Dates of Absence

From: _____ To: _____ Total number of time requesting to be absent: _____*

Manager has explained to the Team Member that they will be contacted by HR, and acknowledges the personal responsibility for health insurance premiums owed during absence: _____**

*Requests for absences, must be submitted 30 days prior to the first day of absence. All requests are dependent upon the approval of an Operations Manager and HR. Any absence request lasting more than nine days must be submitted to HR in advance for per-approval. *Team Member's with approved leave lasting more than 30 days must submit status updates to HR of possible change to return date. ** Contact HR for benefits questions.*

Reason for Leave Request

Give full details of leave request:

Manager / Operations Manager Approval

_____	Approved	Denied	_____
Direct Manager Signature			Date
_____	Approved	Denied	_____
Operations Manager Signature			Date
_____	Approved	Denied	_____
Human Resources Signature			Date

HR Use Only

HR received leave request: **FMLA Covered** (*protected*) **Non - FMLA**

HR verified benefits of Time Member: Team Member contacted for benefits collection:

Payroll date placed on leave:

HR monthly verification of Leave: Payroll

Team Member off Leave: Termination Date: