



Mission Yogurt Inc.

Time Off Request Form - Manager - California

Manager Name: _____

Date of Request: _____

Home Store: _____

Direct Supervisor: _____

Type of Absence Requested:

Sick Time

Time off Without Pay

Other (unpaid)

Bereavement

Vacation

Jury Duty

MaternityPaternity

Dates of Absence

From: _____ To: _____ Number of Days to be paid: _____ * Total number of days Absent: _____ *

Reason for Absence: _____

You must submit requests for absences, other than sick leave, 30 days prior to the first day you will be absent.

**Any time off request can only be for a maximum of nine days. An absence request lasting more than nine days, must be submitted to HR in advance.*

Coverage Plan During Absence

The following arrangements are planned for covering shifts and other duties: *(beyond nine days to be approved by HR)*

DATE	SHIFT	MANAGER COVERING	NOTES
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____
6) _____	_____	_____	_____
7) _____	_____	_____	_____
8) _____	_____	_____	_____
9) _____	_____	_____	_____

Employee Signature

Date

Manager/Executive Management Approval

Comments: _____

Approved

Rejected

Executive Management Signature

Date

HR USE ONLY