



Smokin' Bear LLC

Time Off Request Form - Hourly - Colorado

Employee Name: _____

Date of Request: _____

Home Store: _____ Date of Hire: _____

Direct Supervisor: _____ Attendance: _____

Type of Absence Requested:

Paid Time Off (PTO)*

Bereavement

Other

Time Off Without Pay

Jury Duty

MaternityPaternity

Dates of Absence

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

Reason for Absence: _____

Requests for absences, other than sick leave, Must be submitted 30 days prior to the first day you will be absent.

*Paid Time off if only available to hourly Team Members whom qualify for the Paid Time Off (PTO) policy.

See MissionYogurt.net, or a Manager for details.

Any time off request can only be for a maximum of **nine** days. An absence lasting more than nine days, must be pre-approved by Human Resources.



Team Member Signature

Date

Direct Supervisor Signature

Date

Operations Manager Signature (Required)

Date

Executive Management Signature (Required)

Date

HR USE ONLY