



Mission Yogurt Inc.

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 Paid Sick Leave (PSL)*
- 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 and Paid Sick Leave are only available to hourly Team Members who qualify for the Paid Time Off (PTO) and Paid Sick Leave (PSL) policies. 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