



Mission Yogurt Inc.

Paid Sick Leave Request Form* - Hourly - California

Employee Name: _____

Date of Request: _____

Home Store: _____

Direct Supervisor: _____

Type of Paid Sick Leave Requested:**

Paid Sick Leave - Self

Paid Sick Leave - Family Member

Employee believes this absence may qualify for Family Medical Leave *FMLA) or California Family Rights Act (CFRMA)

I shall be absent

Hours/Dates of Absence:

Date(s): _____

Number of days: _____

Number of hours: _____

I have been absent

Hours/Dates of Absence:

Date(s): _____

Number of days: _____

Number of hours: _____

* Complete this Form if you are a California hourly Team Member requesting that time taken off for a Paid Sick Leave ("PSL") qualified reason be paid from available PSL. Forms should be completed in advance of the absence where possible, but no later than the second work day after the PSL qualified absence. Absences which are taken for a PSL qualified purpose, but which occur when the Team Member has no available PSL time (before the 90th day of employment or after the Team Member has exhausted the Team Member's annual allotment of PSL), or for which the Team Member elects not to use PSL and does not complete this Form, may be subject to the same attendance, scheduling requirements and disciplinary actions as other unpaid absences. Team Members should contact Human Resources if they have questions about whether a particular absence is covered by PSL or otherwise have questions about PSL.

** PSL is only available to California hourly Team Members who qualify for the PSL under applicable law and company policy. See MissionYogurt.net, or a Manager for details. PSL includes time taken for you or for you to assist a family member for preventative care or care of an existing health condition or for specified purposes if you are a victim of domestic violence, sexual assault or stalking. Family members include the employee's parent, parent-in-law, child, spouse, registered domestic partner, grandparent, grandchild, and sibling.



Team Member Signature *Date*

Supervisor Signature *Date*

HR USE ONLY

Approved	Not PSL qualified absence
	No PSL available
	Other