



Time Off Request Form

Employee Name: _____

Date of Request: _____

Department: _____

Time Off Type	Dates (from MM/DD/YY to MM/DD/YY)	Total Hours (#)	Balance Available (Yes/No)
Vacation			
Sick Leave			
Time Off without Pay			N/A
Jury Duty			N/A
Bereavement			N/A
Paid Parental Leave			

Comments:

Please provide reasonable advance notice when your absence is foreseeable. If unforeseeable, please provide notice as soon as practicable. Failure to do so may result in a postponement or denial of your request. All requests are subject to approval based upon applicable Employee Handbook policies (e.g., vacation, sick leave, leaves of absence).

BENEFITS CONTINUATION: ** You are solely responsible for your Premium Contribution Obligations (If Applicable please mark X next to applicable line). Refer to our Employee Handbook on page 30, section E, for details. Please select one:

_____ Bill me for my contribution toward my insurance premiums. For the period of my approved leave of absence, I will be billed on a monthly basis for my contribution, and I agree to make payments directly to BBP Admin.

_____ Deduct my contribution toward my insurance premiums via payroll deductions while I am receiving ongoing income (I.E. Paid Sick, to the extent available, vacation, Emergency Paid Family Leave). If exhausted all available paid leave benefits, I will be billed on a monthly basis for my contribution, and I agree to make payments as directed.

Employee Signature

Date

Manager Signature

Date

NOTE: Please forward this form to HR or Finance. Please retain a copy for your records.

FOR FINANCE USE ONLY

Payroll Period	
Time Off Type	
Total HRS	
Recorded in ADP	