



Paid Time Off Request

I am requesting: (check one box)

Paid Time Off (PTO)

Bereavement Time Off

Immediate family only – spouse, children, parents and in-laws, siblings or siblings of one’s spouse, grandparents and grandchildren – See BBCBC Employee Handbook.

Time Off Without Pay

Family/Medical Leave Act (FMLA) Time Off

See page 2 for more information. For approval of FMLA time off requests, this form must be delivered to Human Resources, through your supervisor or their designee, within 24 hours of signing.

Other Time Off

Jury Duty, military leave, leave of absence, etc. Please specify: _____

For the following dates: _____ through _____ for a total of _____ hours.

I understand that if I do not have sufficient accrued leave available when checked by Human Resources, this time will be leave without pay. Exception to carry negative leave balances must be approved by the CEO in advance.

Employee Name: _____

Signature: _____ **Date** _____

Approved by: _____ **Date** _____
Supervisor, Director or CEO

Routing: This form must be completed by the employee and approved by the employee’s supervisor. Original Request Forms must be submitted to the Human Resources office with the employee’s timesheet for the pay period in which the leave is taken. Employees should retain a copy of the Request.

Cancellation: To withdraw or cancel this PTO Request, sign below and provide this form with an original signature to Human Resources. Employees should provide a copy to their supervisors and maintain a copy for their records. Cancellation must be received prior to the requested PTO date.

Employee Signature: _____ **Date** _____

Please cancel the above Paid Time Off request.