

# Paid Time-Off Request



I am requesting: (check one box)

**Paid Time-Off (PTO)**

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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: \_\_\_\_\_ 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** \_\_\_\_\_



## **Important information regarding the Family & Medical Leave Act (FMLA)**

For BBCBC employees who qualify, leave under the Family and Medical Leave Act of 1993 (FMLA) may be taken for up to 12 weeks per year for:

- Childbirth, adoption or foster care
- Your serious illness or health condition
- You are needed to care for a spouse, child or parent with a serious health condition

Some BBCBC employees (12 months' service/24 hours per week) may wish to request leave that qualifies under the Family and Medical Leave Act of 1993. Under certain conditions, this Act will allow you to take up to 12 weeks leave while protecting certain benefits such as life and health insurance.

More information about the BBCBC policy regarding Family and Medical Leave can be found in the BBCBC employee handbook. If you request Family and Medical Leave there is more information you must provide to BBCBC as well as more information BBCBC must provide to you. For assistance or clarification regarding FMLA, contact the BBCBC Human Resources office.