



REQUEST FOR DAY(S) OFF FORM

All requests for days off are taken into consideration, but are not guaranteed. All requests for days off must be submitted to your manager at least 14 days in advance. Your manager will confirm or deny requested day(s) off at their discretion based on business demands.

ASSOCIATE NAME: _____ TODAY'S DATE: _____

REQUESTED DATE(S): _____

REASON FOR REQUEST: Requested Day Off Funeral/Bereavement*
(Check One) FMLA** PTO***

* After completion of the Introductory Period, regular full time associates may receive from one (1) to three (3) days (or a maximum of 24 hours) with pay to attend the funeral, travel to the funeral or address personal matters related to the death of a member of the immediate family. (Immediate family includes: parent, spouse, child, stepchild, brother, sister, grandparent, grandchild, Mother in-Law, Father in-Law).

Bereavement leave must be approved by your manager.

Associates may take up to three (3) full days without pay to attend funerals of other relatives and friends. This leave also requires the approval of your manager.

Associates may use their Paid Time Off for this purpose. Bereavement Leave is designed to compensate associates for actual time lost from work. If a holiday or part of an associate's vacation occurs on any of the days of absence, the associate may not receive holiday pay or Paid Time Off in addition to paid Bereavement Leave.

The Company reserves the right to require supporting evidence (i.e.: newspaper, funeral/death announcement) in order to qualify for Bereavement Leave. Funeral pay for associates will be based on the average daily hours worked per daily shift (not to exceed eight (8) hours) for the previous ninety (90) days.

** Please see Human Resources to obtain the necessary paperwork for FMLA claims.

*** Additional PTO form required. Forms are available next to the time clock, your manager, or on the Hospitality Hub website. PTO forms must be signed by your manager and submitted to payroll as soon as possible.

DATE RECEIVED: _____ MANAGER INITIALS: _____

APPROVED? Yes No
(Check One)

IF NOT APPROVED, REASON WHY? _____

