

TIME OFF REQUEST FORM

Please submit this form for approval at least four (4) weeks in advance of your preferred Time off dates. All requests should first be verbally submitted to your supervisor in person; forms will then be submitted via email to HR@bhdistro.com for final approval. Time off that is not approved by warehouse but still taken by the employee will be subject to progressive discipline.

Date: _____ Store Location: _____

Employee Name: _____ Store Manager Name: _____

Time Off Dates Requested: ____/____/____ through ____/____/____

Returning: ____/____/____

Total Number of Days Requested: _____

Reason for Time Off Request:

Signature of Employee _____ Request Date: _____

Store Manager Signature _____ Date: _____

Store Regional Approval Signature: _____ Date: _____

Store Manager Comments (Required): _____

Corporate Headquarters Approval (circle one): YES NO

Headquarters Management Signature: _____ Date: _____

FOR INTERNAL USE ONLY:

Recorded into Employee Calendar: YES NO

Recorded into Payroll System: YES NO