

Leave Request Form

BCF Solutions France

Employee Name: _____ Employee No.: _____

Date Requested: _____

Type of Leave Requesting:

Personal Leave

Sick Leave

Bereavement **

Other _____

I hereby request leave for the following day(s):

First Day Off _____ to _____ Last Day Off

I will return to work on: _____

Employee Signature: _____

Supervisor Signature: _____

NOT APPROVED: _____

Remarks: _____

Notes:

1. Please read program specific information for terms and conditions.
2. Attach supporting documentation where applicable. Incomplete requests will be returned.
3. If an employee fails to return to work after the expiration of approved leave, BCF will assume the employee has resigned. All Company-paid health insurance premiums may be recovered from the employee.

**** Signed form required to be forwarded to Human Resources**