



## TIME OFF REQUEST FORM

Date

**IMPORTANT INFORMATION:** Full time staff will not be paid for time off which has not been accrued according to your anniversary date and the Employee Handbook policy. Please schedule your time off carefully and make sure you understand how your vacation benefit time accrues.

**Vacation** requests must be submitted to Fitness Formula Corporate Human Resources Department at least 30 days in advance and must include approval from your General Manager.

**Personal day** requests must be received no later than 15 days prior to the request, also with approval from your General Manager.

Please refer to the Employee Handbook for full time staff additional Paid Time Off benefit information.

### Instructions:

Complete the form with your first and second choices for vacation time, or the requested personal day. It is your responsibility to fax or email this completed form to Fitness Formula Corporate Human Resources: Fax (312) 648-0155 (you must confirm receipt of fax); email [lrpaport@ffc.com](mailto:lrpaport@ffc.com) You will be notified of your current PTO accrual and eligibility for paid time off.

**No more than 5 paid time off days are to be taken consecutively. If this form is not completed and signed by your General Manager, you will not receive paid time off and your absence will be noted in your employee file as unexcused.**

Employee Name			Department		Date of Hire
Personal Contact info: email			phone		
I am requesting		vacation day(s) on the following dates:			
<b>VACATION REQUEST:</b>					
<b>FIRST CHOICE:</b>			<b>SECOND CHOICE:</b>		
From (date)	to (date)		From (date)	to (date)	
<b>PERSONAL DAY REQUEST:</b>					
Date(s)					
Approved		Not Approved			

General Manager