



HEALTHQUEST

FITNESS CLUB

Paid Time Off Request Form

Person Requesting Time/Days Off: _____

Department: _____ Date of Request: _____

Date Leaving: _____ Date Returning: _____

Number of PTO Days being used: _____

Does Your Department Require Coverage While Away? _____

Person(s) Maintaining Your Schedule/Department: _____

Vacation Request Permitted? YES / NO

Employee Signature

Date

GM / Manager Signature

Date

Notes:
