

THE CLUB AT LONGVIEW

Paid Time Off/Absence Request

PTO/Absence Information

Employee Name: _____

Employee Number: _____ Department: _____

Manager: _____

Dates of Absence: From: _____ To: _____

Hours Requested: _____ Hours Available _____

Reason for Absence:

Requests must be received in Accounting by the Tuesday before pay date in order to be included on your check. Vacations cannot interfere with your department's operation and therefore must be approved by your manager at least one (1) month in advance, or at your department manager's discretion. This form should not be used to request leave under the Family and Medical Leave Act (FMLA) or to request leave as an accommodation under the Americans with Disabilities Act (ADA). Employees should consult with HR to request leave under the FMLA or ADA.

Employee Signature *Date*

Manager Approval

Approved

Rejected

Comments:

Manager Signature *Date*