

# TIME OFF INCENTIVE REQUEST FORM

Please submit this form for approval at least two (2) weeks in advance of your preferred incentive dates for time off or for extra lunch. All requests should first be submitted to your supervisor in person; forms can then be submitted via email or in person to Fit2Live Director LaKaisha Shelby. The form will be submitted to HR for final approval. Only one incentive per month can be redeemed.

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Total Number Incentive D.I.A.D Day off Requested: \_\_\_\_\_

Total **Lunch** for D.I.A.D Requested: \_\_\_\_\_

Signature of Employee

\_\_\_\_\_

Signature of Supervisor

\_\_\_\_\_

## **FOR INTERNAL USE ONLY:**

Total Done In A Day Points Used: \_\_\_\_\_

Done In A Day Point Deducted for:

**30 MINUTE LUNCH** \_\_\_\_\_ **\$50 CHECK** \_\_\_\_\_

**1 FULL DAY OFF WORK** \_\_\_\_\_ **1/2 DAY OFF WORK** \_\_\_\_\_

Signature of FIT2LIVE Director: \_\_\_\_\_

Signature of Department Head Approval/ Date by: \_\_\_\_\_

Signature of HR Approval/Date by: \_\_\_\_\_

Signature of Finance Approval/ Date by: \_\_\_\_\_