



REQUEST FOR TIME AWAY FROM WORK

NAME: _____

DATE(S) OF REQUEST: _____

Request time away from work for the following reason:

- Vacation**
- Sick Leave**
- Personal Day**
(Non-Represented Staff Only)
- Jury Duty**
(Please attach copy of Jury Notice)
- Bereavement Leave**
(Please attach appropriate documentation)
- Unpaid Leave**
(Attach Town Manager's Approval)
- Other - Please specify**

Employee Signature: _____ Date: _____

____ Approved	____ Not Approved	_____ Supervisor / Dept. Head Signature	_____ Date
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(Required for Department Heads)

____ Approved ____ Not Approved

Town Manager's Signature

Date

FORWARD COPIES OF ALL ADMINISTRATIVE PERSONNEL REQUESTS TO THE TOWN MANAGER'S OFFICE.