

TOWN OF WATERBORO
TOWN HALL EMPLOYEE REQUEST FOR TIME OFF

DATE SUBMITTED: _____

NAME: _____

DEPT: _____

REQUESTED DAY(S)/HOURS

DATE: _____ TO _____

RETURNING TO WORK ON: _____

TYPE OF LEAVE

- | | | |
|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> VACATION | <input type="checkbox"/> SICK | <input type="checkbox"/> MEDICAL/FAMILY SICK |
| <input type="checkbox"/> JURY DUTY | <input type="checkbox"/> UNPAID LEAVE | <input type="checkbox"/> MILITARY LEAVE |
| <input type="checkbox"/> TRAINING | <input type="checkbox"/> OTHER | |

REQUEST APPROVED REQUEST DENIED

APPROVED BY: _____ DATE: _____