

Town of Montville

LEAVE REQUEST FORM

Instructions: Use this form to request personal leaves of absence and for routine sick leave use (brief illness, dental appointments, etc.) All leave requests (except illness) must be pre-approved. Requests of leave assumes that sufficient hours have been accrued prior to the date of leave. For each type of leave requested, specify the date/time the leave will begin and the date/time the leave will end. Total the hours of leave in the appropriate columns.

Employee Name:	Date:
Department Name:	

Type of Leave	Start Date/Time	End Date/Time	Total Hours	Additional Information
Vacation Leave				
Sick Leave				Submit w/in 3 days of returning to work. Reason for sick leave:
Compensatory Time				
Personal Holiday				
Other Leave				Type of Leave (jury duty, bereavement, military, etc.) with attached required documentation:
Leave without Pay				A copy of all approved requests for a leave of absence without pay must be submitted to the Mayor <u>prior to leave.</u>

Note: If your leave request is due to an on-the-job injury or illness, please contact the Human Resources office.

/	/
Employee Signature / Date	Supervisor Signature / Date
/	/
Mayor Signature / Date	Human Resources Signature / Date