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DEAN M. DIETRICH
HON. WILLIAM HULSHOFF
523-2141
RONALD J. BRIGGS
ATTORNEY FOR THE TOWN

Request for Time Off

Name: _____ Date: _____

Department: _____

Status: Full time Part time

Requested date(s) off: _____

Time of Departure: _____

Time of Return: _____

Reason for Request: _____

_____

For office use only:

Paid Absence Unpaid Absence

If paid, deduct from: Vacation Sick time Personal Other_____

Supervisor's signature: _____ Date: _____