

TOWN OF STOCKBRIDGE

VACATION / TIME OFF REQUEST

DATE: _____

EMPLOYEE: _____

DEPARTMENT: _____

SUPERVISOR: _____

<u>START DATE</u>	<u>END DATE</u>	<u>TOTAL DAYS</u>	<u>REASON CODE</u>

REASON CODES:

V - VACATION

S - SICK

J - JURY DUTY

P - PERSONAL

F - FAMILY/MEDICAL

M - MILITARY LEAVE

B - BEREAVEMENT

N - SMALL NECESSITIES

D - DOMESTIC VIOLENCE LEAVE

EMPLOYEE SIGNATURE

DATE _____

SUPERVISOR SIGNATURE

DATE _____

TOWN ADMINISTRATOR SIGNATURE

DATE _____

Please note: all leave time must be used in accordance with the employee handbook. If there are specific requests not in compliance with the handbook they should be addressed to the Town Administrator for review with the Board of Selectmen.