

LEAVE REQUEST VERIFICATION FORM

DATE OF REQUEST: _____

EMPLOYEE NAME: _____

DATES REQUESTED: _____

NUMBER OF HOURS: _____

____ VACATION _____ SICK LEAVE

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____

____ RECOMMEND _____ NOT RECOMMENDED

REASON: _____

TOWN MANAGER SIGNATURE: _____

____ AUTHORIZED _____ NOT AUTHORIZED

REASON:

