

Town of Barnes

Request for Leave of Absence

1/1/2004

Employee Name: _____

Date of Request: _____

Requested Time off: _____

Last Day to Work: _____

Will Return to Work: _____

Reason for Time Off: _____

Employee Signature: _____

Approved

Disapproved

Date: _____

Board Supervisor Signature: _____

Board Supervisor Signature: _____

Board Chairperson Signature: _____