

Town of Longmeadow

Town Employee Vacation/Personal Leave Request

Rev. 10/04

(must be filled out at least 1 week in advance)

Date of Request: _____

Name of Employee: _____

Type of Leave Requested:

_____ Personal _____ Vacation _____ Comp Time* _____ Other (explain below)

*Documentation Required for Comp Time – list dates/times _____

Date(s) of Leave Requested: _____

Signature of Employee: _____

For Supervisor's Use Only

Date: _____ _____ Approved _____ Denied

Signature of Supervisor: _____

Copy must be sent to Select Board / Town Administrator's Office