



Request for Leave

Employee Name: _____ Dept.: _____ Date: _____

Type(s), Date(s), Hours Requested:

Vacation		Sick		Personal		Other	
Date(s)	Hours	Date(s)	Hours	Date(s)	Hours	Date(s)	Hours

	Vacation	Sick	Personal	Other
Balance of hours BEFORE request				
# of hours requested				
Remaining balance AFTER request				

Requested: _____
Signature of Employee

Date: _____

Approved: _____
Signature of Department Head

Date: _____

Approved: _____
Signature of Mayor (*when required*)

Date: _____

****Submit Signed and Approved form electronically to personnel@holyoke.org****