

City of Holyoke

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 r equest				
# of hours requested				
Remaining balance AFTER r equest				

Requested:	
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Signature of Employee

Approved:

Signature of Department Head

Approved:

Signature of Mayor (*when required*)

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

Personnel Department • 20 Korean Veterans Plaza Suite 205 • Holyoke, MA 01040-5019

Phone: (413) 322-5555 • Email: Personnel@holyoke.org

Birthplace of Volleyball

Date: _____

Date:

Date: