



Commonwealth of Massachusetts
Town of Lanesborough

Newton Memorial Town Hall
Post Office Box 1492
83 North Main Street
Lanesborough, MA 01237
Tel. (413) 442-1167
FAX (413) 443-5811
www.lanesborough-ma.gov

TIME OFF REQUEST FORM

EMPLOYEE NAME _____

- | | | | |
|--------------------------|------------------|--------------------------|------------------|
| <input type="checkbox"/> | VACATION TIME | <input type="checkbox"/> | PERSONAL TIME |
| <input type="checkbox"/> | SICK TIME | <input type="checkbox"/> | FLOATING HOLIDAY |
| <input type="checkbox"/> | BEREAVEMENT TIME | | |
| <input type="checkbox"/> | OTHER _____ | | |

REQUESTED DATES: FROM ____/____/____ TO ____/____/____
(Please include year)

NUMBER OF DAYS _____

EMPLOYEE SIGNATURE _____

APPROVAL NEEDED FROM DEPARTMENT HEAD AND TOWN MANAGER

DEPARTMENT HEAD

TOWN MANAGER

CC: ACCOUNTANT
TREASURER

Copy to be put in employee's Personnel File in Treasurer's Office

**Please use a separate form for each request and
Please submit this form at least seven (7) days prior to your request**