



ABSENCE REQUEST TOWN OF GRAY MAINE

ABSENCE INFORMATION

| | | | |
|---------------------------|-----------------------------------|---|--|
| Employee Name | | | |
| Type of Absence Requested | <input type="checkbox"/> Sick | <input type="checkbox"/> Personal | <input type="checkbox"/> Other (specify) |
| | <input type="checkbox"/> Vacation | <input type="checkbox"/> Floating Holiday | |
| Dates of Absence | From | To | |
| Total Hours Requested | | | |
| Employee Signature | | | Date |

DEPARTMENT HEAD APPROVAL

| | |
|-----------------------------------|------|
| <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Rejected | |
| | |
| Department Head Signature | Date |

TOWN MANAGER APPROVAL (AS REQUIRED)

| | |
|-----------------------------------|------|
| <input type="checkbox"/> Approved | |
| <input type="checkbox"/> Rejected | |
| | |
| Town Manager Signature | Date |