TOWN OF STRATFORD
TIME OFF REQUEST FORM

Please fill out this form as completely as possible. There is no additional burden on the employee as a result of this form (other than completing this form). Recordkeeping will still be the responsibility of the Town and Department management.

I request approval to take/cancel _____ □ Hours □ Days/shifts off from work on

the following date(s): _____

□ My time off is to be charged to:
(Indicate hours or days charged to each category)

_____ Vacation

_____ Holiday Credit

_____ Perfect Attendance

_____ Sick Time

_____ Other (list) _____

□ I wish to cancel my requested time off:
(Indicate hours or days charged to each category)

_____ Vacation

_____ Holiday Credit

_____ PA Day

_____ Sick Time

_____ Other (list)_____

Supporting Documentation must be provided with this form for the following:

_____ Bereavement

_____ Jury Duty

_____ Bereavement

_____ Jury Duty

Comments: _____

_____

_____

Employee's Name (Print): _____

Employee's Signature: _____ Date: _____

The above request is: Approved: _____ Denied: _____

If denied, reason stated: _____

_____

Supervisor Signature: _____ Date: _____

Original to: □ Human Resources

Copy to: □ Department Payroll Administrator
□ Employee

□ Department Head: _____
(Print Name and Department)