Town of Barnes

Vacation/Sick Time off Request
5.4.2009

Circle Request: <u>Vacation</u>   <u>Sick</u>   <u>Time Off Non-pay</u>

Employee Name:_____

Date of Request:_____

Requested Dates off:_____

_____

Last Day to Work:_____

Will Return to Work:_____

Employee Signature:_____
_____

<u>Approved</u>   <u>Disapproved</u>

Supervisor/Chairperson Signature:_____

Date:_____

Vacation Hours Accrued before this request	**Vacation Hours Remaining**
_____	_____

Sick Hours Accrued before this request	**Sick Hours Remaining**
_____	_____