

TOWN OF BUCKLAND TIME OFF REQUEST FORM

DATE SUBMITTED: MARCH 10, 2020 DEPARTMENT: TOWN ADMIN

SUPERVISOR/DEPARTMENT HEAD: _____ SELECT BOARD _____

EMPLOYEE: _____ HEATHER BUTLER _____

DATE TO LEAVE WORK: 3/19/20

DATE TO RETURN TO WORK: 3/25/20

TIME OFF TO BE CHARGED TO:

VACATION	PERSONAL	FLOATER	HOLIDAY
20			20 1/20/20 & 2/17/20

CERTIFIED BY: *Lisa M. Bleckner*
TREASURER

SIGNATURE OF SUPERVISOR: _____

AUTHORIZED – SELECTBOARD -OR - TOWN ADMINISTRATOR

Dena Willmore

Andrea Llamas

Zachary Turner

-OR- POLICE CHIEF

Barry DelCastilho

James T. Hicks

NOTE I: In cases where time off is requested by more than one employee in a department or the same time off, decisions will be based on the earliest date request is submitted. In cases where requests are submitted at the same time requesting the same time off, seniority based on date of hire will be used for the basis of decisions.

NOTE II: Requests must be filled out and submitted for three days or more of time off and Requests are to be submitted thirty days in advance.