

TOWN OF BUCKLAND TIME OFF REQUEST FORM

DATE SUBMITTED: ___FEBURARY 19, 2021 ___

DEPARTMENT:___TOWN ADMINISTRATOR ___

SUPERVISOR/DEPARTMENT HEAD: ___SELECTBOARD _____

EMPLOYEE: ___HEATHER BUTLER_____

DATE TO LEAVE WORK: ___MONDAY, MARCH 15, 2021_____

DATE TO RETURN TO WORK: ___ MONDAY, MARCH 22, 2021_____

TIME OFF TO BE CHARGED TO:

| VACATION | PERSONAL | FLOATER | HOLIDAY |
|----------|----------|---------|---------|
| 40 | 0 | 0 | |

CERTIFIED BY: _____
TREASURER

SIGNATURE OF SUPERVISOR: _____

AUTHORIZED – SELECTBOARD -OR - TOWN ADMINISTRATOR

Dena Willmore

Heather Butler

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.