



Town of Suffield
83 Mountain Road, Suffield, Connecticut 06078

Absence Request Form

Name: _____

Date of Request: _____

Department: _____

Position: _____

Type of absence you are requesting:

Number of Hours Requested: _____

Vacation

Floating Holiday

Personal

Comp Time

Sick

Jury Duty (attach supporting backup)

Bereavement

Other _____

Please indicate the date/type of absence in the calendar below:

Month / Year: _____

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Approved

Denied

This form is to be completed and submitted to your direct supervisor for approval in advance of requested time off. Department supervisor should submit approved form to the Finance Department. The First Selectman reserves the right to deny time off based on business levels and proper coverage within the department.