



Town of Moultonborough

Office of Finance & Personnel
6 Holland Street – PO Box 139
Moultonborough, NH 03254
Phone (603) 476-2347 * Fax (603) 476-5835

LEAVE REQUEST FORM

Employee: _____

Department: _____

Supervisor: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total Hours	Reason Code
Week 1									
Week 2									
Week 3									
Week 4									
Week 5									

❖ Please enter dates above as (example: 01/22/23)

Reason Codes:

AL – Absent Leave

AP – Administrative Leave Paid

AU – Administrative Leave Unpaid

FMLA – Family Medical Leave

MS – Military Services

WD – Witness Duty

B – Bereavement

JD – Jury Duty

Employee Signature _____

Date _____

Department Head Signature _____

Date _____

Please submit to the Office of Finance & Personnel for record keeping purposes.