



## 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.

*Revised 6/8/15*