



Town of Stowe

Leave Request Form

Employee Name _____

Department _____ Date _____

I hereby request leave as follows:

	<u>Start Date</u>	<u>End Date</u>	<u>Annual</u>	<u>ETO</u>	<u>Comp</u>	<u>Sick</u>	<u>Other</u>	<u>Hours</u>
Week 1	_____	_____	_____	_____	_____	_____	_____	_____
Week 2	_____	_____	_____	_____	_____	_____	_____	_____
Week 3	_____	_____	_____	_____	_____	_____	_____	_____
Week 4	_____	_____	_____	_____	_____	_____	_____	_____

Total Hours: _____

Enter leave for each separate calendar week (Sunday – Saturday). For example, if you will be away on Friday and Monday, enter the leave for Friday on the first line, and the leave for Monday on the second line.

Explanation:

Total hours earned, per last pay stub dated: _____

_____ Annual Leave	_____ Sick Leave
_____ Earned Time Off (ETO)	_____ Compensatory Time
_____ Other (Explain)	

Employee Date

Authorized Supervisor Date

Submit completed form to Finance Department in person or to AP@stowevt.gov.