



**TOWN OF NORTH HEMPSTEAD**

Employee: \_\_\_\_\_

Department: \_\_\_\_\_

- Vacation Day(s) \_\_\_\_\_
- Personal(s) \_\_\_\_\_
- Other \_\_\_\_\_

(Please circle type: Compensatory / Good Friday)

Employee's Signature

Date

I have approved the above request.

I have denied the above request.

Comment: \_\_\_\_\_

Department Head / Authorized Signature

Date

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- Flag Day \_\_\_\_\_
- Emergency Personal \_\_\_\_\_
- Emergency Vacation (Hwy. Dept. ONLY) \_\_\_\_\_

The general nature of this emergency is \_\_\_\_\_

The above statement is true.

Employee's Signature

Date

◆ PLEASE SUBMIT THIS FORM PRIOR TO TAKING LEAVE ◆  
IF YOU HAVE TO PHONE-IN YOUR ABSENCE, SIGN & SUBMIT THIS FORM ON THE DATE OF YOUR RETURN.