

Town of East Hampton Personnel Action Request Form

Name of employee: _____

Department: _____

Requests: _____ Day(s) _____ Hour(s) _____ Other

Commencing date: _____ ending: _____ (Last day out of work).

Commencing time: _____ ending time: _____

For the reason(s) checked below:

- | | |
|---|--|
| <input type="checkbox"/> Sickness | <input type="checkbox"/> Jury duty (attach notice) |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Conference (attach paperwork) |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Funeral _____ (relationship) | <input type="checkbox"/> Leave w/o pay |
| <input type="checkbox"/> Worker's Comp | <input type="checkbox"/> Salary/wage adjustment |
| <input type="checkbox"/> Family/medical leave | <input type="checkbox"/> New hire |
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Other (describe) |

Date: _____

Employee's signature: _____

Signature of supervisor: _____

Forward to Town Manager's Office:

Approval granted: Yes _____ No _____ Town Manager _____

Comments:

