



Town of Waynesville Request for Leave

Name: _____

Department: _____

Date of Requesting Time: _____

Circle type of Leave: **Vacation or Sick or Unpaid leave (Must be approved by Town Manager for Unpaid leave)**

Date(s) of Leave: _____

Time of Leave: _____

Total Hours of Leave: _____

Reason for Leave: _____

Employee Signature: _____ Date: _____

Recommend: Approval/Disapproval

Supervisor: _____

Date: _____

Town Manager Signature for unpaid leave: _____ Date: _____