

TOWN OF WILTON
TIME OFF REQUEST FORM

TO: _____ (Supervisor)

FROM: _____

DEPT: _____

DATE : _____

I request permission to take off the following time:

(Indicate the day(s) and date(s). If you are not taking off the entire day, indicate the number of hours, day, and date.)

for the following reason(s):

- _____ Sick
- _____ Personal
- _____ Vacation
- _____ FMLA Leave
- _____ Other: _____
(Please specify)

Approved By: _____
Supervisor Date

Approved By*: _____
First Selectwoman/
Town Administrator Date

* If applicable.

cc: Diane Fontana