



Department Head Leave Notification Form

As a courtesy, please use this form (or similar information in the body of an email) to notify the Board of Selectmen Office of a Department Head's planned absence of more than three (3) days. This information is to ensure that Town-wide communications and inter-departmental functions proceed without interruption during your absence, and in case an emergency situation arises during your absence.

Date: ____/____/____

Employee Name: _____

Department: _____

Start Date: ____/____/____ Return to Work: ____/____/____

Primary office contact during your absence: _____

Contact Info: _____

Notes: _____

For Office Use Only

Notes: _____
