



## 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: \_\_\_\_\_

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*For Office Use Only*

Notes: \_\_\_\_\_