

**TOWN OF BEACON FALLS**

**LEAVE REQUEST – ABSENCE OR RETURN TO DUTY REPORT**

If an employee requests sick leave or vacation leave, or reports to duty from illness, injury, family, medical, medical or education leave, complete SECTION 1 only and route this original to the supervisor for notice, action or forwarding. Retain for two (2) years in Town files. Additional notice requirements may be required at the option of any Department Supervisor in the requesting or reporting employee’s chain of command.

**SECTION 1: COMPLETE FOR ALL LEAVE REQUESTS AND ABSENCE OR RETURN TO DUTY REPORTS**

<b>Employee Name:</b>	<b>Department</b>	<b>Date:</b>	<b>Employee Signature:</b>
<b>Work Hours:</b>		<b>Time:</b>	

The Employee Named Above is

Absent from work due to:

Requesting Leave as Follows:

Reporting to Duty from:  
(Attach Medical Certificate if Required)

**Use of Sick Leave:**

**Personal Leave:**

**Work Schedule During Leave**

Employee Illness/Injury

PL Day

Days

Medical Appointment

\*Education

Evenings

Family Illness

\* Military (attach orders to form)

Nights

Family & Other Funeral

\* Family or Medical (FMLA)

Unknown or N/A

\*\*Present or Previous Worker’s  
Compensation illness or injury

Vacation

Holiday

Other (specify below, i.e.  
Unauthorized Absence,  
“Off-Books” etc.

Maternal/Paternal/Other Leave

Educational/Military/FMLA  
Leave is requested as:

Unpaid

Paid

Paid in part

\*\* (Specify date of any previous WC illness or injury: \_\_\_\_\_)

**Comments & Remarks:** (NA for Report to Duty or for requesting sick leave or routine vacation, PL, or holiday leave)

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Date and/or Time Leave Begins:	Date and/or Time Leave Ends	Total Leave Requested (N/A Sick Leave)	
From:	To:	Days:	or Hours
From:	To:	Days:	or Hours
From:	To:	Days:	or Hours

Person Receiving Report or Request  <div style="text-align: right;">ID # _____</div>	Supervisor Endorsement <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> N/A (notice only)  Date: _____
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