TOWN OF FOXBOROUGH
TIME OFF REQUEST FORM

NAME _____ **DATE** _____

ABSENCE CODE

1 Vacation	**6** Conference	**10** Sick Leave - Family
2 Holiday/ACC	**7** Personal Leave	**11** Maternity/Paternity/FMLA
3 Sick Leave - Employee	**8** Military Leave	**12** Leave of Absence
4 Bereavement Leave	**9** Industrial Accident	**13** Suspension
5 Jury Duty	(Worker's Compensation)	**14** Health/ADO

Enter by code as noted above:

☐ Date(s): _____ Time (in Hours): _____

☐ Date(s): _____ Time (in Hours): _____

☐ Date(s): _____ Time (in Hours): _____

☐ Date(s): _____ Time (in Hours): _____

Nature of Illness/Injury: _____

Were you attended by a physician? Yes _____ No _____

Were you hospitalized? Yes _____ No _____

Bereavement Leave - Name and relationship of deceased: _____

_____ _____

Employee Signature Adm/Dept. Head Signature

_____ Approval _____ Disapproval