

Town of North Providence

2000 Smith Street

North Providence, R.I. 02911

TIME OFF REQUEST

NAME: _____

DATE: _____

DEPARTMENT: _____

I AM REQUESTING THE FOLLOWING DAY(S) TO BE TAKEN AS:

VACATION DAY(S): _____

PERSONAL DAY(S): _____

SICK DAY(S): _____

APPROVED: _____

BY: _____
DEPARTMENT HEAD

APPROVED: _____

BY: _____
HUMAN RESOURCES

APPROVED: _____

BY: _____
G. RICHARD FOSSA
CHIEF OF STAFF