



TOWN OF RAYMOND

Office of Selectmen

TOWN OFFICES
4 EPPING STREET
RAYMOND, NEW HAMPSHIRE 03077
603 / 895-4735

STANDARD OPERATING GUIDELINE

SUBJECT: Application for Leave		ISSUE DATE: May 13, 1994		NO. : 019
ISSUED BY: D. McCarthy	APPROVED BY: <i>M. Roy</i>	SUPERSEDES DATE:	PAGE OF: 1 of 2	

All absence from work requires submittal of an "APPLICATION FOR LEAVE".

The application shall be filled out completely and signed on the appropriate line. (see sample on page 2 of 2)

Applications for Leave should be submitted at least three working days prior to the date leave is to be taken.
(five working days is preferred)

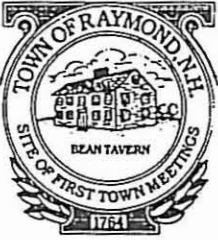
Applications shall be completed in a clear and legible handwriting.

Annual Leave shall be requested as early in the year as possible and will be scheduled by seniority and first come basis.

EXCEPTIONS: Sick Leave and Bereavement Leave

The employee will notify his/her supervisor before the start of the work day or sooner, if known.

Application for sick leave shall be completed and submitted immediately upon returning to work.



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CHECK TYPE OF LEAVE

DATE OF SUBMITTAL

EMPLOYEES DEPARTMENT

EMPLOYEES SIGNATURE

TOTAL HOURS USED

DATE & TIME LEFT

DATE & TIME RETURN

LOCATION DURING ABSENCE

TIME RETURNED

REASON FOR SICK LEAVE

EMPLOYEES SIGNATURE

TO BE FILLED OUT IF SICK 3+ DAYS

FORM PD-4 Rev. 10/82

STATE OF NEW HAMPSHIRE

APPLICATION FOR LEAVE

(NOTE: Except for extenuating circumstances, requests for leave MUST BE SUBMITTED AT LEAST THREE (3) WORKING DAYS in advance of the date the leave is to be effective.)

DEPARTMENT HIGHWAY DATE 6/13/94

Joe Worker (applicant signature) request leave as follows:

TOTAL HOURS: 8 TYPE OF LEAVE (check one)

FROM: <u>6/10 7:30 AM</u>	THROUGH: <u>6/10 4:00 PM</u>	<input checked="" type="checkbox"/> ANNUAL SICK	<input type="checkbox"/> CIVIL
		<input type="checkbox"/> COMPENSATORY	<input type="checkbox"/> MILITARY
		<input type="checkbox"/> BONUS	<input type="checkbox"/> WITHOUT PAY

My address while absent will be #2 PRIM ROSE LAKE

(NOTE: This form is to be completed by the Officer authorized to approve leave, carry copy then given to the employee WITHIN 24 HOURS OF THE REQUESTED DATE if the employee is not informed within 24 hours can assume that approval is granted.)

RESPONSE TO EMPLOYEE REQUESTING LEAVE:

Recommended _____ Immediate Supervisor _____ Date _____

Not Recommended _____ Immediate Supervisor _____ Date _____

Approved _____ Officer Authorized to Approve Leave _____ Date _____

Not Approved _____ Officer Authorized to Approve Leave _____ Date _____

RETURNED TO DUTY: DATE 6/13 TIME 7:00 Immediate Supervisor _____

CERTIFICATE REQUIRED FOR SICK LEAVE FOR THREE DAYS OR LESS

I certify that I was sick or for other reasons specified within the provisions of sick leave benefits, was unable to attend to my official duties for the time indicated, FLU

Signature: Joe Worker Date 6/13/94

SHOULD AN EMPLOYEE BE REQUIRED BY THE EMPLOYER TO FURNISH THE EMPLOYER WITH A CERTIFICATE FROM AN ATTENDING PHYSICIAN WHICH HE/SHE REMAINS ON SICK LEAVE BEYOND THREE (3) CONSECUTIVE WORK DAYS, SUCH CERTIFICATE SHALL BE AS FOLLOWS:

I, _____, a physician in active practice, located at _____, do hereby certify that _____ (Office address) above named, was under my professional care from _____ to _____, 19____ inclusive and during such time was incapacitated for official duties.

(Attending Physician's Signature) _____ (Date) _____