

Mission Township Request for Leave of Absence



Section 1 – Applicant’s Information

Name (Last)		(First)		(MI)	
Street Address					
City				State	Zip
Phone Number			Email		
Reason for Leave					
Proposed Start Date for Leave			Proposed End Date for Leave		
Signature			Date		

Section 2 – Supervisor’s Information

Name		Position			
Recommended Start Date for Leave			Recommended End Date for Leave		
Comments					
Paid Leave Yes No		Signature		Date	

Section 3 – Town Board Approval

Approved Start Date		Approved End Date		Paid Leave Yes No	
Town Board Chair				Date Approved	