

**Compensated Absence Form  
Request for Time Off**

**Town of Edgartown, Massachusetts  
Human Resource Department**



**KEEP COPY FOR PERSONAL AND DEPARTMENTAL RECORDS**

Form last reviewed: 06/23/2024

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

**Time Off Key**

Date Starting Time Off: \_\_\_\_\_

• Vacation: **V**

• Sick: **S**

Date Returning to Work: \_\_\_\_\_

• Personal: **P**

• Jury: **J**

Total Hours Requested: \_\_\_\_\_

• Military: **M**

• Bereavement: **B**

Time Off Type: \_\_\_\_\_

• Unpaid: **U**

• Compensatory: **C**

\_\_\_\_\_  
**Employee**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY DEPARTMENT HEAD/APPOINTING AUTHORITY**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
**Department Head / Appointing Authority**

\_\_\_\_\_  
**Date**

**TO BE COMPLETED BY HUMAN RESOURCE DEPARTMENT**

Employee #: \_\_\_\_\_ Payroll Period(s) during time off: \_\_\_\_\_

Balance at time of request: \_\_\_\_\_ Balance after return to work: \_\_\_\_\_

\_\_\_\_\_  
**Human Resource Director**

\_\_\_\_\_  
**Date**