



TOWN OF BURLINGTON

Human Resources Department

EMPLOYEE REQUEST FOR SMALL NECESSITIES LEAVE

INSTRUCTIONS

Complete and submit this form to Human Resources. This must be submitted within 7 days of the first day of leave, if the need for leave is foreseeable, otherwise this must be returned as soon as is practicable.

EMPLOYEE INFORMATION

| | |
|----------------|-----------|
| Employee Name: | Location: |
|----------------|-----------|

TYPE OF LEAVE

I hereby certify that I will take / have taken Small Necessities Leave for the following purpose:

- to participate in school activities directly related to the educational advancement of a son or daughter
- to accompany the son or daughter of the employee to routine medical or dental appointments such as check-ups or vaccinations
- to accompany an elderly relative (over 60) to routine medical or dental appointments or appointments
- to accompany an elderly relative (over 60) to an appointment for professional services related to the elder's care (such as interviewing a nursing home)

Family member's full name: _____ Date of Birth: _____

AMOUNT OF LEAVE

This leave be taken for the following period(s) of time:

Date/Time:

Date/Time:

Date/Time:

SIGNATURES

I hereby certify that the information given above is true and correct to the best of my knowledge.

Employee Signature: _____ Date: _____

Received/Approved by Human Resources:

Signature: _____ Date: _____

