



# 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:

