



**Town of Dighton**  
Office of the Town Administrator  
979 Somerset Avenue  
Dighton, MA 02715  
Tel: (508) 669-6431  
Fax: (508) 669-5667

## Vacation/Time Away Request Form\*

Please submit this form to the Town Administrator at least two weeks prior to your requested leave is to begin for proper approval.

Employee: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

Dates requested: \_\_\_\_\_

Who will be in charge while you are away: \_\_\_\_\_

Primary department contact while you are away: \_\_\_\_\_

Reason for Time away: Vacation  Town Business  Medical  Other (explain)

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: Mallory Aronstein, Town Administrator \_\_\_\_\_

Date: \_\_\_\_\_

\*As a Department Head or Employee under the jurisdiction of the Board of Selectmen, as a matter of practice, the Selectmen require that you notify the Town Administrator when you will be on vacation/away from your position. The above form has been developed to streamline and unify the notification process for all. Thank you.

Effective per vote of November 28, 2018.