



TOWN OF NEWTON

OFFICE OF THE SELECTMEN



OFFICE 382-4405
FAX 382-9140
www.newton-nh.gov

P.O. BOX 378
2 TOWN HALL ROAD
NEWTON, NH 03858

TIME-OFF REQUEST (PTO)

DATE: _____

EMPLOYEE NAME: _____

DEPARTMENT: _____

PLEASE CHECK ONE (1) OF THE FOLLOWING:

_____ PAID TIME OFF

_____ OTHER – WITHOUT PAY

REQUESTED TIME OFF: _____

ALL NON-EMERGENCY REQUESTS MUST BE APPROVED AND SIGNED BY THE DEPARTMENT HEAD AND DELIVERED TO THE TOWN ADMINISTRATOR AT LEAST ONE (1) WEEK PRIOR TO THE REQUESTED TIME OFF.

DEPARTMENT HEAD SIGNATURE

TOWN ADMINISTRATOR SIGNATURE