

TOWN OF MANCHESTER, CONNECTICUT
REQUEST FOR LEAVE OF ABSENCE – CONFERENCES

ATTACHMENT A

Instructions: This form must be completed if any **one** of the following criteria is met. **Forward two copies** to the General Manager's office for approval. (One copy will be placed in your Personnel file and the other copy will be forwarded to Accounting for payment.)

1. The conference/seminar costs more than \$500.
2. The destination is out of state.
3. The conference/seminar requires overnight accommodations.

A. Employee:

1. Name _____ Dept. _____
2. Date(s) and Amount(s) of Time Requested: _____

3. Destination: _____ Est. Cost \$ _____
4. Conference Title (**attach announcement**): _____

Please attach a copy of the conference description to this form. On page 2, describe how this course directly relates to your current job assignment.

5. Last Overnight Conference Attended: Topic _____
Place _____ Date _____
6. Using Town Vehicle? Yes _____ No _____ Vehicle No. _____
7. Signature of Employee _____ Date _____

B. Department Head Approval:

Signature of Department Head _____ Date _____

C. General Manager Approval: Approved _____ Disapproved _____

Signature of General Manager _____ Date _____

D. Accounting: (*Attach this form to payment for conference.*)

E. Human Resources: (A copy of the fully signed form should be delivered to Human Resources.)

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Explanation of how this conference directly relates to your current job assignment:

Employee Signature

Date

Explanation of how this conference directly relates to employee's current job assignment: _____

Department Head Signature

Date