



GREATER BOSTON
CONVENTION & VISITORS BUREAU

TIME/ABSENCE REQUEST FORM

Name: _____

Date: _____

Time Requested: (circle one)

Vacation

Sick

Personal

Floating holiday

(Please specify holiday)

DATE(S) REQUESTED: _____

TOTAL HOURS: _____

Director, VP/President's Approval: _____

Date: _____

Please submit a copy to the Human Resources Department