

MUNICIPALITY OF
 NORRISTOWN
 235 East Airy Street
 Norristown, PA 19401
 Phone- 610-292-8281
 Fax- 610-292-8090
 www.norristown.org
 todonnell@norristown.org

NORRISTOWN FIRE DEPARTMENT LEAVE APPLICATION



Name: _____	Applies for: Vacation ____ Holiday (Hours) ____	
Date of Appointment _____	Sick ____ Union Day ____ Personal ____	
Approved ____ Disapproved ____ _____ Immediate Supervisor	Show Actual Dates of Leave Requested With Pay _____ Without Pay _____	Number of working days ____ ____
Approved ____ Disapproved ____ _____ Department Head	Signature of Employee _____	
Approved ____ Disapproved ____ _____ Municipal Administrator	Employees may obtain data from the Payroll Office concerning days of leave used previous to this request and leave accrued to date.	