



**TOWN OF RAYNHAM**

**ABSENCE PAYMENT APPROVAL AUTHORIZATION FORM**

**DATE:** \_\_\_\_\_

**DEPARTMENT NUMBER:** \_\_\_\_\_

**DEPARTMENT NAME:** \_\_\_\_\_

The person listed below is hereby authorized to approve payrolls and/or bills for payment from the department budget listed above in my absence.

\_\_\_\_\_  
**DEPARTMENT HEAD SIGNATURE**

**AUTHORIZED PERSON PRINTED NAME & TITLE:**

\_\_\_\_\_

**AUTHORIZED PERSON'S SIGNATURE:**

\_\_\_\_\_

**BOARD OF SELECTMEN APPROVAL:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**cc: Town Clerk**

---