

TURTLE MOUNTAIN BAND OF CHIPPEWA

AUTHORIZATION FOR LEAVE

NAME: _____ EMPLOYEE #: _____

TYPE OF LEAVE REQUESTED

ADMIN FAMILY/MEDICAL MILITARY
 ANNUAL BEREAVEMENT SICK
 COMP JURY/WITNESS SUSPENSION
 EDUCATION ABSENT W/O LEAVE PAT/MAT
 LEAVE PAY-OUT LEAVE W/O PAY CATAclySMIC

SUPERVISOR'S COMMENTS

EXCUSED FROM: ___/___/___
UNEXCUSED TO: ___/___/___
TOTAL DAYS: _____
FROM: _____ A.M./P.M.
TO: _____ A.M./P.M.
TOTAL HOURS: _____

EXPLANATION: _____

EMPLOYEE: _____ DATE: _____
SUPERVISOR: _____ DATE: _____
ADMINISTRATION: _____ DATE: _____