

TURTLE MOUNTAIN BAND OF CHIPPEWA

AUTHORIZATION FOR LEAVE

NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

TYPE OF LEAVE REQUESTED

<input type="checkbox"/> ADMIN	<input type="checkbox"/> FAMILY/MEDICAL	<input type="checkbox"/> MILITARY
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> BEREAVMENT	<input type="checkbox"/> SICK
<input type="checkbox"/> COMP	<input type="checkbox"/> JURY/WITNESS	<input type="checkbox"/> SUSPENSION
<input type="checkbox"/> EDUCATION	<input type="checkbox"/> ABSENT W/O LEAVE	Cataclysmic Leave
<input type="checkbox"/> PAT/MAT	<input type="checkbox"/> LEAVE W/O PAY	

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: \_\_\_\_\_