

TIME OFF REQUEST FORM

*The oldest self-governing*

*Tribe of Indians in the United States*

**EMPLOYEE INFORMATION**

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| NAME:  TODAY’S DATE : DEPARTMENT:  DAYS AVAILABLE: Y/N: AS OF (DATE):  NUMBER OF DAYS REQUESTED:  STARTING DATE: RETURN TO WORK DATE:  HUMAN RESOURCE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PAYROLL MANAGER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**TYPE OF REQUEST**

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| COMPENSATION LEAVE  \_\_\_VACATION LEAVE \_\_\_ SICK LEAVE  \_\_\_ PERSONAL LEAVE  BUSINESS TRAVEL  BEREAVEMENT LEAVE  MILITARY LEAVE  NON-PAID LEAVE  \_\_\_ FAMILY MEDICAL LEAVE (FMLA) |

**COMMENTS**

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**EMPLOYEE CERTIFICATION**

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| **I understand that time away from work is subject to management approval and company policies.**  Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**APPROVAL**

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| APPROVED\_\_\_ YES \_\_\_NO  PRINTED NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SUPERVISOR/MANAGER APPROVAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |