



Squaxin Island Tribe Leave Request

To be completed by employee

Name: _____

Job Title: _____

Supervisor: _____

Dates Requested: _____ Total Hours: _____

Check box(es) of type of leave requested and fill in hours available.

Annual Leave
Annual Leave Hours Available: _____

Sick Leave
Sick Leave Hours Available: _____

Leave without pay

Comments: _____

Employee Signature: _____

_____ Date

To be completed by Supervisor

Approved Disapproved

Comments: _____

Supervisor Approval: _____

_____ Date

Director Approval: _____

(If required)

_____ Date