Clear Form

Attach this form to corresponding Timesheet

Print

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