



BIG SANDY RANCHERIA

LEAVE REQUEST FORM

Prior to taking leave, secure the following approvals. Submit with time card pertaining to affected pay period.

EMPLOYEE NAME: _____

DEPARTMENT: _____

PAY PERIOD: _____
(Month/day/year)

TO: _____
(Month/day/year)

DATE: _____

From: _____ am/pm

To: _____ am/pm

TOTAL NUMBER OF HOURS: _____

Type of Leave Requested

Sick Leave

Leave without Pay

Vacation Leave

Personal Day

Bereavement

Other (Specify: _____)

Leave is requested for the following reason(s):

APPROVED DISAPPROVED: _____
(Date)

(Employee Signature)

APPROVED DISAPPROVED: _____
(Date)

(Immediate Supervisor)

APPROVED DISAPPROVED: _____
(Date)

(Tribal Administrator/Director)

APPROVED DISAPPROVED: _____
(Date)

(Tribal Council Member)

For Fiscal Office Use Only

Previous Balance: _____

NOTED IN FISCAL RECORDS:

Leave Taken: _____

(Clerk's Initials)

Current Balance: _____