

YUROK TRIBE

APPLICATION FOR LEAVE



CHECK THE APPROPRIATE TYPE OF LEAVE:

V=	VACATION
S=	SICK
FH=	FLOATING HOLIDAY
BR=	BEREAVEMENT
T=	TRAVEL
LWOP=	LEAVE WITHOUT PAY
AL=	ADMINISTRATIVE LEAVE
ERL=	EMERGENCY RESPONDER LEAVE

NAME: _____

EMPLOYEE#: _____

I HEREBY APPLY FOR _____ HOUR(S) OF _____ LEAVE BEGINNING AT _____ A.M.-
P.M. ON _____ TO _____ A.M-P.M. ON _____

(EMPLOYEE MAY BE REQUIRED TO BRING IN A DOCTOR'S STATEMENT FOR SICK LEAVE)

I UNDERSTAND THAT ANY LEAVE AUTHORIZED IN EXCESS OF THE AMOUNT AVAILABLE TO ME ON THIS DATE WILL BE LEAVE WITHOUT PAY.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE

APPROVED

NOT APPROVED

CHARGE TO PROGRAM # _____