

# YUOK 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

NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_

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

WRITE A SHORT EXPLANATION OF ABSENCE BELOW. IF ON SICK LEAVE FOR THREE OR MORE CONSECUTIVE DAYS, YOU **MUST** ATTACH A DOCTOR'S NOTE WITH THIS FORM.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 # \_\_\_\_\_