

**NAH TAH WAHSH PSA / HANNAHVILLE INDIAN SCHOOL**

**Leave Request**

Applicant Name: \_\_\_\_\_

Job Description: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

- All Day     
  A.M Only     
  P.M Only     
  Substitute needed

**Please check reason for leave:**

- Personal Business     
  Educational Leave / Professional Development  
 Work Related (Explain): \_\_\_\_\_ (Must be approved by your Supervisor,  
 or time will not be paid)  
 Vacation     
  Other (Explain): \_\_\_\_\_  
 Tribal Business: \_\_\_\_\_

**Please check type of leave requested:**

- Sick Time     
  Other Time: \_\_\_\_\_  
 Annual Time (12-month employees only)     
  Funeral Leave  
 Personal Time (Teachers, Aides & Culture Staff)
- (Immediate family: 5 days / Extended family: 3 days / All other: no time granted. Refer to Staff Handbook for details.)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Below this line, for OFFICE USE ONLY**

<u>Sub Contacted</u>	<u>Date</u>	<u>Sub Contacted</u>	<u>Date</u>

Substitute Confirmed:  Yes      Date: \_\_\_\_\_      By: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

<b>~~Leave availability: To be filled out by Financial Assistant~~</b>				
	<b>Hrs. Avail.</b>	<b>Hrs Req.</b>	<b>Balance</b>	<b>NOTES:</b>
<b>Sick:</b>				
<b>Annual:</b>				
<b>Personal:</b>				
<b>Comp:</b>				