

Request for Leave

Pyramid Lake Paiute Tribe

Name: _____

Date of Request: _____

Program: _____

Annual (Vacation) Leave

Number of Hours

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

Purpose of Leave: _____

Employee Sick Leave

Number of Hours

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

Purpose of Leave: _____

Family Sick Leave

Number of Hours

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

From: _____ 20 ___ Time: _____ TO _____ 20 ___ Time: _____

Purpose of Leave: _____

Other Leave: Leave Without Pay Bereavement Compensatory Time Off Other

Number of Hours

From: _____ 20 ___ Time: _____ TO: _____ 20 ___ Time: _____

From: _____ 20 ___ Time: _____ TO: _____ 20 ___ Time: _____

From: _____ 20 ___ Time: _____ TO: _____ 20 ___ Time: _____

Purpose of Leave: _____

Any Leave taken in excess of accumulated leave will be charged to LEAVE WITHOUT PAY

Remarks: _____

Employee Signature

Date

Approving Officer's Signature

Date

Except in emergencies, employees will be required to obtain prior approval of any leave of absence. Annual and sick leave must be earned before it can be taken. The eligibility requirement for annual leave is after completion of the probationary period. Temporary employees are not eligible for any leave benefits.

The eligibility requirement for sick leave (employee or family) is after thirty (30) calendar days of employment. For illness, the leave request must be completed and submitted to your immediate supervisor on the day of your return to work. For sick leave in excess of three (3) days, or if abuse of sick leave is indicated, a supervisor will require a physician's statement confirming the illness or injury, and that the employee is released to return to work.

Leave Without Pay of thirty (30) calendar days or more must be processed on the appropriate Employee Action Notice. For further clarification regarding leave, refer to the Personnel Policy and Procedure Manual, Section 10.

ATTENDANCE AND LEAVE.

IMMEDIATE FAMILY: That group of individuals including the employee's spouse, parents, children, grandparents, grandchildren, sister, brother, aunt, uncle, niece and nephew.