# REQUEST FOR LEAVE

**EMPLOYEE NAME:** _____ **DEPARTMENT:** _____ **PP#**_____

| | | Annual Leave<br><br>Prior Approval required | Sick Leave (Please check)<br><br>__ Employee Illness/Medical<br><br>___ Dependent's Illness/Medical | **Funeral Leave (Please check)**<br>___ In-State or ___Out of State<br>(up to 5 days) (up to 10 days)<br>**Immediate Family: (Please check)**<br>___ Husband/Wife (common law does not apply)<br>___ Brother/Sister (in-laws/Step)<br>___ Father/Mother (in-laws/Step)<br>___ Grandparents (includes Great)<br>___ Children (includes Step)<br>___ Grandchildren (includes Great)<br>___ Aunt/Uncle<br>___ Niece/Nephew<br>**-OR-**<br>___ **Other Individuals** (1-8 hours leave)<br><br>Note: Annual leave may be granted for other extended funeral leave | Short Term Disability Leave | **Non-paid leave of absence:**<br>Requests are handled on an individual basis with final approval by SBC. A Physician's statement is required, must have 6 months of continuous service prior to applying with exception of pregnant women. **(ES Handbook, pg. 21)**<br><br>Employee must *exhaust* all paid leave. I hereby request _____ hours of Non-paid leave of absence, not to exceed 60 days, extensions require HR & SBC approval.<br>____ Illness (extended personal)<br>____ Illness (extended family)<br>____ Education<br>____ Military (reserve activities)<br>____ Funeral (beyond paid leave)<br>____ Industrial accidents<br>____ Maternity Leave<br>____ Paternity Leave | Jury Duty |
|---|---|---|---|---|---|---|---|
| **SUN** | Date | | | | | | |
| | Hours | | | | | | |
| **MON** | Date | | | | | | |
| | Hours | | | | | | |
| **TUES** | Date | | | | | | |
| | Hours | | | | | | |
| **WED** | Date | | | | | | |
| | Hours | | | | | | |
| **THURS** | Date | | | | | | |
| | Hours | | | | | | |
| **FRI** | Date | | | | | | |
| | Hours | | | | | | |
| **SAT** | Date | | | | | | |
| | Hours | | | | | | |
| | **TOTAL** | | | | | | |

**Employee Signature:** _____ **Supervisor Signature:** _____

**COMMENTS:** _____

(Complete for Non-paid Leave of Absence **ONLY**)

Human Resource Signature_____ Date: _____ ☐ Approved ☐ Disapproved

Shoshone Business Council Signature: _____ Date: _____ ☐ Approved ☐ Disapproved