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: _____		_____
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: PERSONAL							

Any Leave taken in excess of accululated Leave will be charged to <u>LEAVE WITHOUT PAY</u>

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 its 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 confiring 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, <u>Section 10</u>. <u>ATTENDANCE AND LEAVE</u>.

IMMEDIATE FAMILY includes any individual related by blood and affinity whose close association with the employee is the equivelent of a family relationship: spouse, parents, children, grandparents, grandchildren, brother, sister, aunt, uncle niece or nephew.