Blackfeet Tribe Leave Request

Name:	Date:	
REQUEST FOR THE FOLLOWING LEAVE:		
DAYS/ HOURS OF SICK LEAVE	E LEAVE AVE AND END ON: DATE DATE	
DAYS/ HOURS OF ANNUAL LEAVE DAYS/ HOURS OF COMP. LEAVE		
DAYS/ HOURS OF COMP. LEAVE	E FOLLOWING LEAVE: _ DAYS/ HOURS OF SICK LEAVE _ DAYS/ HOURS OF ANNUAL LEAVE _ DAYS/ HOURS OF COMP. LEAVE _ DAYS/ HOURS OF OTHER LEAVE VE: TON: AND END ON: TOR: AND END ON: TURE DATE DATE	
DAYS/ HOURS OF OTHER LEAVE		
LIST DAYS OF LEAVE:		
LEAVE WILL START ON:	AND END ON:	
LEAVE WILL START ON:	AND END ON:	
LEAVE WILL START ON:	AND END ON:	
LEAVE WILL START ON:	AND END ON:	
LEAVE WILL START ON:	AND END ON:	
EMPLOYEE SIGNATURE	DATE	
APPROVAL:		
IMMEDIATE SUPERVISOR	DATE	
LEAVE ACCRUED:		
I HAVE DAYS/ HOURS OF SIG	DAYS/ HOURS OF SICK LEAVE	
I HAVE DAYS/ HOURS OF AN	DAYS/ HOURS OF ANNUAL LEAVE	
HAVE DAYS/ HOURS OF COMP. TIME		

Revised January 2020 BTP10