

**Blackfeet Tribe  
Leave Request**

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

Date: \_\_\_\_\_

**REQUEST FOR THE FOLLOWING LEAVE:**

\_\_\_\_\_ DAYS/ HOURS OF SICK LEAVE

\_\_\_\_\_ DAYS/ HOURS OF ANNUAL LEAVE

\_\_\_\_\_ DAYS/ HOURS OF COMP. LEAVE

\_\_\_\_\_ 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 SICK LEAVE

I HAVE \_\_\_\_\_ DAYS/ HOURS OF ANNUAL LEAVE

I HAVE \_\_\_\_\_ DAYS/ HOURS OF COMP. TIME