Blackfeet Tribe Request for Sick Leave Donations

Name:		Date:	
Reason for Request:			
	/Must Attach Modical Doc		
	(Must Attach Medical Doc	umentation)	
Employee Signature:		Date:	
Supervisor Signature:		Date:	
APPROVED: NO	T APPROVED: Reason not app	roved:	
Personnel Director:		Date:	

Revised January 2020 BTP11