

HOULTON BAND OF MALISEET INDIANS LEAVE REQUEST FORM

Employee Name: _____ Date: _____

I am requesting _____ days or _____ hrs. Requested start date and time _____
Date/Time

Expected return date and time _____ inclusive.
Date/Time

Reason for leave, check those that apply

- | | | |
|--|---|--|
| <input type="checkbox"/> Annual | <input type="checkbox"/> Sick | <input type="checkbox"/> Flex |
| <input type="checkbox"/> Adjusting hrs. | <input type="checkbox"/> Military | <input type="checkbox"/> Civil |
| <input type="checkbox"/> Maternity/Paternity | <input type="checkbox"/> Family Medical Leave | <input type="checkbox"/> Authorized Travel |
| <input type="checkbox"/> Other _____ | | |

Employee Signature _____ Date

(Leave request requires your supervisor's approval and signature before being granted)

Approved _____ Not Approved _____

Supervisor Signature _____ / /
Date

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* Requires Tribal Administrator's Signature

- | | | |
|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Admin.* | <input type="checkbox"/> Leave w/o Pay* | <input type="checkbox"/> Bereavement* |
|----------------------------------|---|---------------------------------------|

Approved _____ Not Approved _____

Tribal Administrator Signature _____ / /
Date

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