



Pahin Sinte Owayawa  
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### Application for Leave

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

Dept: \_\_\_\_\_ Supervisor: \_\_\_\_\_

I am applying for \_\_\_\_\_ hours of leave:

Type of Leave:	
Personal _____	LWOP _____
Annual _____	Travel _____
Sick _____	Maternity _____
Bereavement _____	Paternity _____
Education _____	Administrative _____
Vacation _____	Other _____

\* Sick Leave in excess of (3) days must be supported by a doctor's statement.

Beginning \_\_\_\_\_ : \_\_\_\_\_ AM/PM Date: \_\_\_\_\_

Ending \_\_\_\_\_ : \_\_\_\_\_ AM/PM Date: \_\_\_\_\_

Reason for Leave:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_