



Pahin Sinte Owayawa
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 Porcupine, SD 57772
 (605) 867 5588



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 _____
Wellness/Spiritual _____	Other _____

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

*Wellness/Spiritual may only be used in the summer months, as per policy

Beginning _____ : _____ AM/PM Date: _____

Ending _____ : _____ AM/PM Date: _____

Reason for Leave:

SUPERVISORS ONLY:

APPROVED: DISAPPROVED: REASON: _____

Employee Signature: _____

Supervisor Signature: _____