



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	_____
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: _____