



# AMACHEWESPIMAWIN FIRST NATION

Lac La Ronge Indian Band- Amachewespimawin First Nation

Box 190/220, Stanley Mission, SK S0J 2P0

Business: (306) 635-2115, Fax: (306) 635-2265

## EMPLOYEE LEAVE REQUEST

EMPLOYEE NAME:	TREATYNUMBER:
POSITION:	DEPARTMENT:

I request approval to take the following leave

- |                                     |                     |
|-------------------------------------|---------------------|
| Leave Without pay                   | Compassionate Leave |
| Personal Leave with Pay             | Pressing Necessity  |
| School Business                     | Bereavement Leave   |
| PD Leave                            | Sick Leave          |
| Band Committee Leave / School Leave | Other Leave         |

DATES: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Total number of working days off:

If you are requesting sick leave or leave of absence, please explain below.


\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Approval

Refusal

Reason for refusal


\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date