

AMACHEWESPIMAWIN FIRST NATION

Lac La Ronge Indian Band- Amachewespimawin First Nation Box 190/220, Stanley Mission, SK S0J 2PO Business: (306) 635-2115, Fax: (306) 635-2265

EMPLOYEE LEAVE REQUEST

| POSITION: request approval to take the following leave Leave Without pay Personal Leave with Pay Pressing Necessity School Business Bereavement Leave PD Leave Sick Leave Band Committee Leave / School Leave Other Leave DATES: FROM: TO: For lanumber 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 | | | | |
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| request approval to take the following leave Leave Without pay 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 | EMPLOYEE NAME: | | TREATYNUMBER: | |
| Leave Without pay 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 | POSITION: | | DEPARTMENT: | |
| Personal Leave with Pay School Business Bereavement Leave PD Leave Sick Leave Band Committee Leave / School Leave Other Leave DATES: FROM: TO: Fortal 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 | request approval to take the follow | wing leave | · | |
| School Business 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 | Leave Without pay | | Compassionate Leave | |
| PD Leave Band Committee Leave / School Leave Other Leave DATES: FROM: TO: Fotal 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 | Personal Leave with Pay | | Pressing Necessity | |
| 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 | School Business | | Bereavement 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 | PD Leave | | Sick Leave | |
| Fotal 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 | Band Committee Leave / School Leave | | Other Leave | |
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| | Refusal | | | |
| Signature of Employee Date | Reason for refusal | | | |
| Signature of Employee Date | | | | |
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| Signature of Employee Date | | | | |
| Signature of Employee Date | • | | | |
| | Signature of Employee | | Date | |