

# STONEY TRIBAL ADMINISTRATION

## Application for Attendance Leave Request [Revised – Aug/15]



Date submitted:	Last name (print):
Department:	Given names & initials:
Pay Period:	Employee/Band #:

**Check/complete appropriate box/lines ONLY**

Annual vacation leave – any unearned vacation leave paid in advance will be deducted from your final paycheck

Comment:	With Pay	Without Pay	Start Date	Time	End Date	Time	# of Days	Hours	Total

Medical leave/Sickness leave – I certify I was unable to perform my duties because of illness.

(IF MORE THAN 2 DAYS, ATTACH DOCTOR'S NOTE.)

Comment:	With Pay	Without Pay	Date	Time	Date	Time	Days	Hours	Total

Time off in lieu of banked hours

Comment:	With Pay	Without Pay	Date	Time	Date	Time	Days	Hours	Total

Bereavement leave: Name & relationship: \_\_\_\_\_

Comment:	With Pay	Without Pay	Date	Time	Date	Time	Days	Hours	Total

Maternity leave

Date leave commences \_\_\_\_\_ Return date: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S SIGNATURE	DATE	PAYROLL USE ONLY
H.R. DEPT. SIGNATURE	DATE	