REQUEST FOR LEAVE

EMPLOYEE INFORMATION

EMPLOYEE NAME: ____________________________________________________________

EMPLOYEE NUMBER: ______________________________________________________

LOCATION: □ TWISTED FEATHERS  □ MIKO’S STEAK & SPIRITS  □ MIKO’S GAMING

MANAGER: ________________________________

TYPE OF LEAVE REQUESTED [PLEASE CHECK]:

□ SICK  □ JURY DUTY (ATTACH SUMMONS)
□ MILITARY  □ BEREAVEMENT [2 DAYS/IMMEDIATE FAMILY]
□ VACATION / ANNUAL  □ MATERNITY / PATERNITY
□ COMP TIME [ATTACH APPROVAL SHEET]  □ TIME OFF WITHOUT PAY
□ COVID POSITIVE (ATTACH EMPLOYEE DIAGNOSIS)  □ COVID QUARANTINE (ATTACH DIAGNOSIS IF POSSIBLE)
□ OTHER / EXPLAIN: ______________________________________________________

DATES OF ABSENCE REQUESTED:  DATE: __________________________ FROM: __________ TO: __________

REASON FOR ABSENCE: _____________________________________________________
________________________________________________________________________
________________________________________________________________________

**YOUR MUST SUBMIT REQUESTS FOR ABSENCES, OTHER THAN SICK LEAVE, TWO DAYS PRIOR TO THE FIRST DAY YOU WILL BE ABSENT.**

______________________________                               __________________________
EMPLOYEE’S SIGNATURE                                      DATE

ADMINISTRATION APPROVAL

□ APPROVED  □ DENIED

_________________________   __________________________
MANAGER’S SIGNATURE        DATE

_________________________
TRIBAL ADMIN OR CHIEF’S SIGNATURE