

SAN CARLOS APACHE TRIBE

San Carlos Avenue
P.O. Box 0
San Carlos, Arizona 85550
(928) 475-2361 ❖ Fax (928) 475-2567

Terry Rambler
Tribal Chairman



Tao Etpison
Tribal Vice-Chairman

APPLICATION FOR LEAVE

Employee Name: _____ Date: _____

Department/Program: _____

I HEARBY APPLY FOR _____ HOUR(S) OF:

_____ Earned Leave _____ Sick Leave _____ Leave Without Pay _____ Other

BEGINNING ON _____ - _____ - _____ AT _____ AM/PM
Month Day Year Time

AND ENDING ON _____ - _____ - _____ AT _____ AM/PM
Month Day Year Time

I Understand that any EARNED LEAVE authorized in excess of the amount available to me during the year will be charged to LWOP.

Employee Signature

Date

Supervisor Signature

Date