

Native Village of Eyak
 110 Nicholoff Way
 P.O. Box 1388
 Cordova, Alaska 99574-1388
 P (907) 424-7738 * F (907) 424-7739
 www.eyak-nsn.gov



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

Request for Leave
Must be requested two weeks in advance

Employee: _____ Date: _____

Status: Regular Temporary/Casual Schedule: Full Time Casual
 Part Time

I am Requesting:
 Personal Leave
 Leave Without Pay
 Other: _____

Dates requested from _____ Through _____ Total Hours _____

Reason for Leave:

Responsibilities Assigned:	Staff Assigned:	Staff Initial Acceptance:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the employee's responsibility to ensure that their timesheet is completed, direct reports timesheets are completed, PO Approval Substitution is taken care of, and all required purchase orders are completed, or alternate arrangements have been made prior to time off.

 Employee Signature Date

Approval Information:

Leave Approved Leave Denied

_____ Supervisor Signature	_____ Date
_____ Program Manager Signature (If Applicable)	_____ Date
_____ Executive Director Signature (Required For LWOP Only)	_____ Date

***Send completed form to HR for posting to the Travel Calendar**
 HR posted to Travel Calendar _____ Date _____