



Na'Neelzhiin Ji Olta' Inc.
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EMPLOYEE LEAVE REQUEST

Name: _____ **Date Of Notice:** _____

Date(s) Of Leave: From: _____ To: _____

Time: From: _____ To: _____

<u>Leave Type:</u>	<u>Number of Hours</u>	
General:	_____ →	_____ (What is your Leave Balance?)
Travel/Training:	_____ →	_____ (Dates & Place)
Court:	_____ →	(Jury Duty, Witness or Other--(Attach Documents))
Funeral	_____ →	(General Leave)
Bereavement:	_____ →	_____ (Immediate Family only)
Vacation:	_____ →	(12 months employees only)
Other:	_____ →	_____ (Comp. Time, LWOP, Military, etc.)
Total Hours:	_____	

Comments: _____

Academic Employees (check necessary areas):

- _____ I will need classroom coverage for the hours of: _____ to _____.
(Teacher; please prepare and leave a lesson plan, duty schedules, etc.)
- _____ I do not need classroom coverage.
- _____ I have duty, _____ will cover my duty.
(Duty Partner)

 Employee Signature Date

Approved _____ **Not Approved** _____

 Supervisor's Signature Date

Supervisor's Comments: _____

As per policy: "Section 503.0: Leave" in the Na'Neelzhiin Ji Olta' School Board Policy, all leave requests, with or without pay must be requested and submitted to your immediate supervisor five (5) working days in advance of the absence. Please refer to this section if you need more information on any of the above leave.