

KJCKAPOO TRJBE OF OKLAHOMA



APPLICATION FOR LEAVE

Employee's Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby request approval for \_\_\_\_\_ hours of \_\_\_\_\_ leave beginning at

(Annual, Sick, Traditional, or LWOP)

\_\_\_\_\_ a.m./p.m. (please circle), on \_\_\_\_\_, 20\_\_\_\_. I understand that

any leave authorized in excess of the amount available to me during the leave year will be charged as leave without pay.

If sick leave is being requested, please check the appropriate statement below.

During my absence, I was:

- \_\_\_\_\_ Incapacitated for duty because of sickness or injury.
- \_\_\_\_\_ Incapacitated for duty because of pregnancy and/or confinement.
- \_\_\_\_\_ Undergoing medical, dental, or optical examination or treatment.
- \_\_\_\_\_ Other reason(s) for absence: \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved

\_\_\_\_\_  
Signature of Approving Official

\_\_\_\_\_  
Date