

**Okanagan Indian Band
Leave of Absence – Administration Staff**

To: Payroll Department
Okanagan Indian Band

Name: _____ **Position:** _____

Type of Leave Requested:

- | | |
|--|---|
| <input type="checkbox"/> Maternity Leave | <input type="checkbox"/> Adoption Leave |
| <input type="checkbox"/> Parenthood Leave | <input type="checkbox"/> Paternity Leave |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Discretionary Leave |
| <input type="checkbox"/> Secondment Leave | <input type="checkbox"/> Discretionary Leave (Short Term) |
| <input type="checkbox"/> Staff Development | |
| <input type="checkbox"/> Compassionate Leave-Please specify relation _____ | |
| <input type="checkbox"/> Bereavement Leave-Please specify relation _____ | |
| <input type="checkbox"/> Educational Leave-A copy of registration must be attached | |
| <input type="checkbox"/> Other-Please specify _____ | |

I request this leave of absence: With Pay
 Without Pay

I have referred to the applicable policy in the Okanagan Indian Band Personnel Manual and understand the criteria of my leave request.

Signature of Staff Member: _____ Date: _____

Department: _____

Replacement Personnel required: Yes No
If Yes: Temporary Short Term Long Term.

Signature of Dept. Director/Manager: _____ Date: _____

Signature of Executive Director: _____ Date: _____

Okanagan Indian Band Council Action:

Period Allowed: _____

Salary Adjustment: _____

Effective Date: _____

Motion Passed this Date: _____

Authorized Signature
Executive Director

Date