



Okanagan Indian Band

LEAVE REQUEST FORM

Name Date

Reason for Leave Comments

Dates Requested Off

Hours Requested Per Day Total Hours Requested Off

NOTE: Non consecutive days - one form per month (i.e. If an employee is requesting every Friday off)

Department Manager

Approval (in Principal)

Not Approved

Comments

Signature Date:

Human Resources / Accounting

Eligible

Ineligible

Reason

Accrued to Date

Signature Date