



Quil Ceda Village  
q'wəl'sidəʔ ʔalʔaltəd

# Request for Leave

Payroll Use Only	
Code:	_____
Hours:	_____

Employee Name: \_\_\_\_\_ Pay Period Ending: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

### Type of leave requested (select one):

Annual Leave .....

Birthday Leave .....

Bereavement Leave .....

Name of deceased family member:

\_\_\_\_\_

Relationship of deceased:

\_\_\_\_\_

*Attach notice from a family member of the deceased if you are officiating or assisting with the funeral.*

Qualified Medical Leave .....

Sick Leave .....

COVID 19 Leave .....

(Up to 10 days or 80 hours per year are allowed)

Education Leave .....

(School Volunteer Leave: up to 4 hrs per week & 80 hours per year)

Leave Without Pay (explain below) ...

Other (explain below) .....

- Sick
- Annual
- Unpaid Leave
- Pre-approved
- Call-in
- Administration Operations Manager
- School Volunteer
- Higher Ed
- Mentoring

### If requesting Leave Without Pay or Other Leave, you must explain here:

Date(s) of absence: \_\_\_\_\_

Number of days requested: \_\_\_\_\_ Number of hours requested: \_\_\_\_\_

If less hours than your normal shift, indicate exact time of absence:

From: \_\_\_\_\_  AM  PM To: \_\_\_\_\_  AM  PM

Approved  Disapproved

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Supervisor/Manager Signature

Approved  Disapproved

\_\_\_\_\_

Director Signature

Approved  Disapproved

\_\_\_\_\_

General Manager Signature