



# Lac Courte Oreilles Ojibwe University

## Leave Request

### Leave Information

Employee Name: \_\_\_\_\_

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

Type of Leave Requested:

- Sick                       Vacation                       Time Off Without Pay  
 Other \_\_\_\_\_

Dates of Leave: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Reason for Absence: \_\_\_\_\_

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

### Manager Approval

- Approved  
 Rejected

Comments:

\_\_\_\_\_  
*Manager Signature*

\_\_\_\_\_  
*Date*