

## THE JUDICIAL BRANCH OF THE NAVAJO NATION EMPLOYEE LEAVE APPLICATION

NAME: (LAST, FIRST, MIDDLE INITIAL)							DATE:				
WORKSITE:							SSN/AB NUMBER:				
TYPE OF LEAVE: (INDICATE NO. OF HOURS.)	ANNUAL	SICK	BEREAVEMENT	WITHOUT PAY	COMP TIME	OTHER (SPECIFY)					
LEAVE TO BEGIN:	MONTH	DAY	YEAR	TIME AM/PM	LEAVE TO END:	MONTH	DAY	YEAR	TIME AM/PM		
<p><b>EMPLOYEE: AUTHORIZED LEAVE IN EXCESS OF YOUR ACTUAL ACCRUAL WILL BE CHARGED TO LEAVE WITHOUT PAY</b></p> <p><b>TIMEKEEPER: ATTACH ORIGINAL LEAVE APPLICATION WITH APPROPRIATE SIGNATURES AND SUPPORTING DOCUMENTS TO TIMESHEET.</b></p>											
REASON FOR LEAVE:											
EMPLOYEE SIGNATURE AND DATE:						ADMINISTRATOR/SUPERVISOR APPROVAL AND DATE:					