

Native Village of Eyak
110 Nicholoff Way
P.O. Box 1388
Cordova, Alaska 99574-1388
P (907) 424-7738 * F (907) 424-7739
www.eyak-nsn.gov



10,000 years in our Traditional Homeland, Prince William Sound, the Copper River Delta, and the Gulf of Alaska

Request for Leave Request Two Weeks in Advance

Employee: _____ Date: _____

Status: Regular

Schedule: Full-Time

Part-Time

I am Requesting:

PTO available as of today: _____

Personal Leave

Leave Without Pay

Other: _____

Dates requested: _____ - _____ Total Hours _____

Reason for Leave:

Responsibilities Assigned:

Staff Assigned:

Staff Initial
Acceptance:

Responsibilities Assigned:	Staff Assigned:	Staff Initial Acceptance:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the employee's responsibility to ensure **timesheets, direct reports timesheets, purchase orders** are completed, or alternate arrangements have been made, and **PO approval substitution** is taken care of.

Employee Signature Date

Approval Information:

Leave Approved

Leave Denied

Supervisor Signature

Date

NOTE: Executive Director Signature required only when Employee requesting Leave Without Pay

Executive Director Signature Date

ICHC Executive Director Signature Date