

**NATIONAL TRIBAL DEVELOPMENT ASSOCIATION**  
**“NATIONAL FSA AMERICAN INDIAN CREDIT OUTREACH INITIATIVE”**  
**APPLICATION FOR LEAVE**

**TO BE COMPLETED BY EMPLOYEE:** *(Please type or print)*

Name: \_\_\_\_\_ Region: \_\_\_\_\_

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

**INDICATE TYPE OF LEAVE REQUESTED:**

<p><b>REQUIRES SUPERVISOR APPROVAL:</b></p> <p>Annual Leave Sick Leave Leave w/out Pay Court Leave Death in Family</p>
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*If absence is an excess of three (3) consecutive days, a medical certificate must be submitted. Leave authorized in excess of accumulated leave will be charged to leave without pay.*

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_ Total Hours Requested: \_\_\_\_\_

Brief Explanation of Leave Requested: \_\_\_\_\_

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**YOUR IMMEDIATE SUPERVISOR MUST APPROVE YOUR REQUEST PRIOR TO USING LEAVE. NO LEAVE WILL BE APPROVED AFTER THE FACT.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**SUPERVISORS MUST FORWARD REQUEST TO THE MAIN OFFICE**

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date