

Administrative Office
64236 Second Avenue
Post Office Box 1016
Happy Camp, CA 96039
Phone: (530) 493-1600
Fax: (530) 493-5322

Karuk Tribe



Karuk Community Health Clinic
64236 Second Avenue
Post Office Box 316
Happy Camp, CA 96039
Phone: (530) 493-5257
Fax: (530) 493-5270

REQUEST FOR LEAVE

Name: _____ **Date:** _____

Title: _____

**** CHECK YOUR LAST PAYCHECK STUB FOR HOURS AVAILABLE ****

I hereby apply for _____ hours of:

Annual Sick LWOP Holiday Other

To Begin At: _____ **AM/PM:** _____

To End At: _____ **AM/PM:** _____

Reason For Request: _____

CERTIFICATION

I understand that any leave authorized in excess of the amount available will be charged to leave without pay. I understand that this leave request must be approved by my Supervisor in writing **PRIOR** to the date of requested leave.

Signature of Employee

Date

Signature of Supervisor

Date

Approved: _____ **Denied:** _____

After approval, attach to time sheet for that pay period.