NISQUALLY INDIAN TRIBE
Committee, Commission & Boards
Leave Slip

Employee Name: _____
Department / Program: _____
Job Title: _____
Committee / Board / Commission Name: _____
(To be attached to the committee stipend request form and minutes prior to submission)

Meeting & Leave
Date of Committee Meeting: _____
Meeting Time: From _____ **To** _____
Type of Leave Requested:
[ ] Vacation / Annual Leave
[ ] Compensatory Time (Comp Time)
[ ] Leave Without Pay (LWOP)
[ ] Lunch
Total Leave Hours: _____

Employee Signature: _____ **Date**: _____
*By signing, I certify that this leave is requested to attend official committee business during regular working hours.

Direct Supervisor Signature: _____ **Date**: _____
*Required for employees.

Tribal Administrator Approval Signature: _____ **Date**: _____
*Required for employees in management/director positions.

Committee Coordinator & Finance Review
[ ] Committee Coordinator Review. Initial _____ **Date**: _____
[ ] Finance Review. Initial _____ **Date**: _____
[ ] Payroll Review. Initial _____ **Date**: _____