



Turtle Mountain Community College

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Turtle Mountain Band
Of
Chippewa Indians
•
Charter Member
American Indian
Higher Education
Consortium

REQUEST FOR ANNUAL LEAVE (One or more weeks)

PLEASE COMPLETE THIS FORM, SIGNATURES TO BE REQUESTED IN THE FOLLOWING PRESCIBED ORDER: (1) SUPERVISOR

(2) COLLEGE PRESIDENT (Two or more consecutive weeks).

PERSONNEL POLICY 5.11.0000 ABSENCE AND LEAVES

11.0010

1. Planned absences of more than a week in duration shall be requested of the immediate supervisor. The Leave Request Form shall be submitted two weeks in advance of such absence. Leave requests of more than two consecutive weeks need to be submitted and approved by the Supervisor and the President.

NAME: _____

DATE: _____

DEPARTMENT: _____

LEAVE DATES REQUESTED: _____

EMPLOYEE SIGNATURE

APPROVED

DISAPPROVED

SUPERVISOR

SUPERVISOR

T.M.C.C. PRESIDENT
(Two or more consecutive weeks)

T.M.C.C. PRESIDENT

REASON FOR DISAPPROVAL:

SEE OUR WEB PAGE AT: <http://www.tm.edu>

Accredited by the Higher Learning Commission-North Central Association
230 S. LaSalle St., Suite 7-500, Chicago IL 60604-1413 1-800-621-7440

TURTLE MOUNTAIN COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

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