

PERSONNEL &  
STAFF DEVELOPMENT  
BOX 480, LA RONGE  
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# Lac La Ronge Indian Band

## EMPLOYEE LEAVE REQUEST FORM

|                |                               |
|----------------|-------------------------------|
| EMPLOYEE NAME: | TREATY NUMBER (IF APPLICABLE) |
| POSITION:      | DEPARTMENT/PROGRAM:           |

**I am requesting approval to take the following leave based on the LLRIB Personnel Policy Manual:**

- |  |   |
|--|---|
| <input type="checkbox"/> Sick Leave  | <input type="checkbox"/> Personal Day (Specific school employees only)  |
| <input type="checkbox"/> Annual Leave (Depending on years of employment)     | <input type="checkbox"/> Voting Leave (4 hours)                         |
| <input type="checkbox"/> Compassionate Care Leave (Short-term/ 5 days)       | <input type="checkbox"/> Community Service Leave (3 days or 22.5 hours) |
| <input type="checkbox"/> Compassionate Care Leave (Long-term/ 8 weeks)       | <input type="checkbox"/> Adoption Leave (5 days)                        |
| <input type="checkbox"/> Bereavement Leave (5 days/1 day)                    | <input type="checkbox"/> Pressing Necessity (PN) (Emergency-related)    |
| <input type="checkbox"/> EDO/TOIL (Earned Day Off/ Time Off in Lieu)         | <input type="checkbox"/> Professional Development (Education) Leave     |
| <input type="checkbox"/> Court Leave (witness, jury selection/duty, inquest) | <input type="checkbox"/> Leave Without Pay                              |
| <input type="checkbox"/> Maternity / Parental Leave                          | <input type="checkbox"/> Other (please specify) _____                   |
| <input type="checkbox"/> Paternity Leave (5 days)                            |   |
| <input type="checkbox"/> Graduation Leave (1 day)                            |   |

**\* The onus is on the Employees to consult with the Personnel Policy Manual regarding eligibility and leave requirements**

|        |                      |
|--------|----------------------|
| DATES: | TOTAL DAYS OR HOURS: |
|--------|----------------------|

EXPLANATION:

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\_\_\_\_\_  
SIGNATURE OF EMPLOYEE

\_\_\_\_\_  
DATE

**Please Check Off:**

I UNDERSTAND THAT I WILL BE NOTIFIED IN THE EVENT I AM INELIGIBLE FOR THE SPECIFIC LEAVE I HAVE REQUESTED.

I UNDERSTAND THAT I AM REQUIRED TO FILL OUT THE REQUEST FOR EARLY DISBURSMENT FORM, TO THE HUMAN RESOURCE OFFICER REQUESTING FOR AN EARLY DISBURSEMENT OF MY CHEQUE. I FURTHER ACKNOWLEDGE AND ACCEPT THAT MY REQUEST MAY BE REFUSED.

I UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT DOCUMENTATION TO VERIFY MY REQUEST LEAVE.

REASON FOR REFUSAL:

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\_\_\_\_\_  
SIGNATURE OF SUPERVISOR/OR DESIGNATE

\_\_\_\_\_  
DATE