



# Puyallup Tribe of Indians

## Education Leave Form

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Work Schedule (Days/Hours): \_\_\_\_\_

Institution Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Start Date: \_\_/\_\_/\_\_\_\_ End Date: \_\_/\_\_/\_\_\_\_

**Coursework:** \_\_\_\_\_

\_\_\_\_\_

**Please describe how coursework is related to your position:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed schedule – Hours you will be attending school\* **PLEASE ATTACH CURRENT SCHEDULE & EDUCATIONAL PLAN FROM YOUR SCHOOL**

Monday \_\_\_ to \_\_\_      Tuesday \_\_\_ to \_\_\_      Wednesday \_\_\_ to \_\_\_

Thursday \_\_\_ to \_\_\_      Friday \_\_\_ to \_\_\_      Total Hours of Education Leave Per Week \_\_\_\_\_

\* Per Policy 530.15 Educational leave is for full-time regular employees enrolled in higher education classes during the course of normal working hours shall be allowed to attend classes, with pay, for up to 4 hours per workday, including travel time. (Time off is only for class and travel time.)

**Past semester** Grades submitted: Yes \_\_\_ No \_\_\_      G.P.A \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_

**Director Signature:** \_\_\_\_\_

**Higher Education:** \_\_\_\_\_

**HR Director Signature:** \_\_\_\_\_

**Administrative Manager Signature:** \_\_\_\_\_