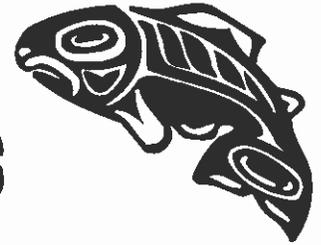# Puyallup Tribe of Indians

EMPLOYEE LEAVE REQUEST

Today's Date:_____

Please Print:

Employee Name: _____

Department: _____

Position: _____

Please accept this request for leave: My Reason(s) is/ are:

_____

_____

_____

Leave Dates	Type of Leave	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requested By: _____   Date:_____

Approved By: _____   Date:_____

Director: _____   Date:_____

3009 E. Portland Ave. • **Tacoma, Washington 98404** • **(253) 573-7800**