



Standing Rock Sioux Tribe Form

STANDING ROCK SIOUX TRIBE REQUEST FOR EDUCATIONAL LEAVE

EMPLOYEE NAME: _____ DATE: _____

DEPT/PROGRAM: _____

CLASS/COURSE	COLLEGE/UNIV.	NO. CREDITS	DAY	TIME

JUSTIFICATION:

(Explain how courses are job related and of benefit to the Tribe.)

SUPERVISOR'S COMMENTS:

(Explain how the employee's absence will not affect the employee's work and that the employee's work will not be assigned to another employee.)

Recommend Approval: _____

Recommend Disapproval: _____

Supervisor's Signature

Approve: _____

Chairman, Standing Rock Sioux Tribe

Disapprove: _____

Date

NOTE: The employee and not the Program or Department is responsible for any and all costs incurred for tuition, books, and fees as a result of approval of this request for Educational Leave.



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Standing Rock Sioux Tribe Education Leave Class Attendance Slip

This class attendance slip must be present to and signed by the class instructor for each class attended. You must present these slips to your supervisor at the end of each pay period when time sheets are due to payroll.

Date: _____

Course Title: _____

Time: from _____ to _____

Signature of Instructor: _____

Signature of Student: _____

TPPP Form No. _____

