



# Ho-Chunk Nation Waaksik Woosga Leave Notification

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Department: \_\_\_\_\_ Ho-Chunk Enrollment #: \_\_\_\_\_

Regularly Scheduled Shift:  1<sup>st</sup> Shift  2<sup>nd</sup> Shift  3<sup>rd</sup> Shift

### Type of Event and Number of Hour(s) Requesting

- |   |   |
|---|---|
| <input type="checkbox"/> Funeral _____                | <input type="checkbox"/> Feast _____          |
| <input type="checkbox"/> All Night Wake _____         | <input type="checkbox"/> Medicine Dance _____ |
| <input type="checkbox"/> N.A.C. Funeral Meeting _____ | <input type="checkbox"/> Scalp Dance _____    |
| <input type="checkbox"/> N.A.C. Devotions _____       | <input type="checkbox"/> Doctoring _____      |
| <input type="checkbox"/> N.A.C. Meeting _____         | <input type="checkbox"/> Ghost Meal _____     |

Details of Event: \_\_\_\_\_

### Dates and Times Requesting Leave

From: \_\_\_\_\_ To: \_\_\_\_\_  
Date Time Date Time

### Signatures

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:**

- This notification must be submitted to your supervisor prior to the defined event.
- The supervisor will submit this form to payroll.
- The employee will need to sign-in and out with the ceremonial leader.
- Abuse will affect your ability to use Waaksik Woosga Leave in the future.