



Ho-Chunk Nation Leave Application

Employee Name: _____

Employee Number: _____

Department: _____

Date: _____

Type of Leave Applying For (check and complete all that apply)

Type **# of Hour(s)**

Annual _____

Sick _____

Military _____

Funeral _____

Maternity
(up to 40 hours) _____

Paternity
(up to 8 hours) _____

→ Relationship _____

→ Date of Delivery _____

Leave Without Pay _____
(up to 5 consecutive days)

If for an extended period of more than five (5) consecutive days, it is not considered leave without pay. The employee must apply for FMLA or an Unpaid Leave of Absence.

Days and Times Requesting Leave For

From: _____
 Date Time

To: _____
 Date Time

Comments

Approval

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Supervisor's Name Printed: _____

Supervisor's Telephone: _____ Extension: _____

Approved

Disapproved