

Exempt Employees Only



Mississippi Band of Choctaw Indians
Request For Permission
To Be Away From Worksite

Program _____

Date _____

Employee Name _____

Position Title _____

I request permission to be away from the worksite for _____ starting _____
of Hours Time Month
_____ and ending _____
Day Year Time Month Day Year

Employee Signature: _____ Date _____

Person responsible in my absence _____ Phone #: _____
In an emergency, I may be reached at: Phone # _____ E-mail: _____

Supervisor Signature: _____ Date _____
 Approved Disapproved # of Hours _____

Department Head (if necessary): _____ Date _____
 Approved Disapproved # of Hours _____

Tribal Chief (if necessary): _____ Date _____
 Approved Disapproved # of Hours _____

Comments: _____