



HUMAN RESOURCES

TRIBAL OFFICE BUILDING

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****ADVANCE SICK LEAVE REQUEST****

PROGRAM: _____ **JOB TITLE:** _____

I, _____ would like to borrow Advance Sick Leave in the amount of _____ hours to be effective _____.

I understand that according to the Personnel Policy, I can only borrow paid Sick Leave in the amount not to exceed the amount that I would have accrued by the end of the fiscal year.

Furthermore, I understand that Advance Sick Leave will be paid back bi-weekly through the amount of accumulated sick leave AND annual leave an employee earns.

Leave can be requested for any of the following reasons:

- ✓ For a serious health condition that makes it unable for you to perform your job;
- ✓ To care for your child, or parent who has a serious health condition and/or death, OR
- ✓ To care for your child after birth, or for placement after adoption or foster care.

I am requesting Advance Sick Leave for the following reasons:

_____ Personal serious health condition of employee (reason): _____

_____ Serious health condition and/or death of immediate family (state name, relation, and (reason):

_____ Birth of a child expected delivery date is or scheduled date of adoption/placement:

(According to the Personnel Policy, Immediate family is husband, wife, son, daughter, brother, sister, mother, father, grandmother, grandfather, or other relative living in the employee's house.)

****A copy of your leave balance from TimeForce and medical excuse must be attached****

Signature of Employee: _____ Date: _____

Signature of Supervisor: _____ Date: _____

(According to the Personnel Policy, employee is eligible to borrow _____ hours of Advance Sick Leave)

_____ Date: _____

Director of Human Resources

_____ Date: _____

Cyrus Ben, Tribal Chief