



MISSISSIPPI BAND OF CHOCTAW INDIANS

Planned Educational Leave Request

INSTRUCTION: To be completed when an employee is requesting Administrative Leave for educational purposes. Attach copy of class schedule and submit to your supervisor for approval. No leave will be approved without supporting documentation and Chief's final approval.

Name: _____ Date: _____

Program/Dept: _____ Position Title: _____

Name of Institution: _____ Current Program: _____ Degree Level: Non-Degree, AA/AAS, Bachelors, Masters, Doctoral, Other: _____
Term of Enrollment: Fall, Spring, Summer I, Summer II, _____ year
Anticipated Completion Term: Fall, Spring, Summer I, Summer II, _____ year

Indicate reasons, related to an education goal, why you wish to enroll and the number of hours you are requesting. If additional space is needed, please attach to this form.

Multiple horizontal lines for writing reasons and hours requested.

SIGNATURES:

Supervisor: _____ Date: _____ Approved: # hrs. _____ Disapproved
Program Director: _____ Date: _____ Approved: # hrs. _____ Disapproved
Department Director: _____ Date: _____ Approved: # hrs. _____ Disapproved
Division Director: _____ Date: _____ Approved: # hrs. _____ Disapproved
Tribal Chief: _____ Date: _____ Approved: # hrs. _____ Disapproved