



# Bois Forte

TRIBAL GOVERNMENT

## Educational Leave Request

### Educational Leave Information

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

Department: \_\_\_\_\_ Position: \_\_\_\_\_

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

Retroactive:  Yes  No

Retroactive date: \_\_\_\_\_

Are courses job related:  Yes  No

School Name: \_\_\_\_\_

#### Quarter

Please check all that apply

#### Semester

Fall  Winter  Fall  Spring

Spring  Summer  Summer I  Summer II

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

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

**Please attach a list of the courses you are planning on taking.**

\_\_\_\_\_  
*Employee Signature* *Date*  
**I understand that Educational Leave must be requested and approved annually.**

### Approval

Approved

Denied

\_\_\_\_\_  
Supervisor's Signature Date

Approved

Denied

\_\_\_\_\_  
Commissioner's Signature Date

Approved

Denied

\_\_\_\_\_  
Executive Director's Signature Date

**Tribal Council** Date: \_\_\_\_\_

Approved

Denied