



Turtle Mountain Band  
Of  
Chippewa Indians  
•  
Charter Member  
American Indian  
Higher Education  
Consortium

# Turtle Mountain Community College

P.O. Box 340  
Belcourt, North Dakota 58316  
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## ABSENCE REPORT

Name: \_\_\_\_\_ Dates Leave Taken: \_\_\_\_\_  
 Department: \_\_\_\_\_ Will Return: \_\_\_\_\_  
 Person Reporting: \_\_\_\_\_ Reported to: \_\_\_\_\_

**By Messenger**                       **By Phone**                       **In Person**

### REASON FOR ABSENCE

Type of Leave	Hours	Type of Leave	Hours
Sick/Self		Funeral	
Sick/Immediate Family Member*		Community Service**	
Annual (Advance)		Leave Without Pay	
Administrative		Unexcused	
Court		Other:	

### SICK LEAVE

Name of Hospital: \_\_\_\_\_ Name of Doctor: \_\_\_\_\_  
 Reason for Absence (Explain as Required): \_\_\_\_\_

### APPROVAL

_____	_____
Human Resource Director Signature	Date
_____	_____
Supervisor Signature	Date
_____	_____
President of Designee Signature	Date

\*Immediate family member as defined in policy manual V.11.0010 (includes husband, wife, father, mother, brother, sister, son and daughter of the employee). Only 60 hours of Sick Leave may be used for medical appointments and illnesses of the employee's immediate family – see policy manual V.8.0010.09

\*\*Community Service Report needs to be attached

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