## ROSEBUD SIOUX TRIBE

## EDUCATIONAL LEAVE ATTENDANCE FORM

Name:			PayPeriod:	_PayPeriod:			Program:		
(Circle (	One) Sem	nester: Fall / Spring	/ Summer		(	Circle One	e) 2016	2017 2018 2019	
P.P	Date	Course	M	T	W	TH	F	Instructor	
Total Nu	umber of H	Iours Allowed Per School Ye	<b>ar:</b> 208 ho	urs					
Total Number of Hours Requested:				Allowed:			Used:		
Student	THIS FORM MUST BE SIGNED BY YOUR INSTRUCTOR, VERIFYING YOUR ATTENDANCE FOR THE CLASSES TAKEN DURNING EACH PAY PERIOD. THIS FORM MUST ACCOMPANY YOUR TIME CARD EACH PAY PERIOD								