Mandan, Hidatsa & Arikara Nation
*404 Frontage Road * Fort Berthold Indian Reservation*
New Town, North Dakota 58763-9402

Educational Leave Request

Employee:_____

Department/Program:_____

Director/Administrator:_____

College Attending:_____

Major/Minor:_____

Course(s) of Interest:_____

_____

_____

Explain how course(s) will enhance your current employee status within your program/department:

_____

_____

_____

_____ _____

Employee Signature Date

To be completed by Program Director / Administrator

APPROVED DISAPPROVED

_____ _____

Director / Administrator Signature **Date**

To be completed by CEO

_____ _____

Chief Executive Officer **Date**

NOTE: A COPY OF YOUR CLASS SCHEDULE MUST BE ATTACHED