

**RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION**

(To approve the use of accrued annual leave to pay tribal debts to Daycare, Educational Institutions, Revolving Credit, and Apache Housing Authority)

WHEREAS, the Tribal Council is concerned with identifying procedures that will be of benefit to both the Tribe and its employees, to alleviate Tribal accounts receivable and certain other designated debts of the employee; and

WHEREAS, the Tribal Council has determined that it is beneficial to allow Tribal employees to use accumulated annual leave in excess 40 hours to pay off these debts; and

WHEREAS, the pay off of debts utilize annual leave will not apply Hon-Dah Casino and FATCO employees due to these enterprises having their own personnel, policies and procedures; and

WHEREAS, the redemption of leave hours will be processed on the forms attached hereto and in time with processing of payroll.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that it hereby approves the use of accrued annual leave hours to pay off debts specifically identified in this resolution as attached "A", utilizing the forms identified and attached hereto.

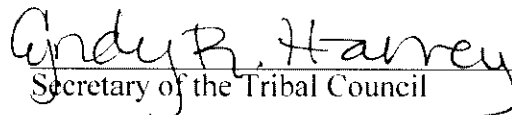
BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that the employees' supervisor and accounts receivable department confirm that the leave hours are accurate and that any discrepancy shall result in non-use of leave to pay debts specified.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that this program shall cover payment of authorized debts and employees may not reduce accrued annual leave below 40 hours under this program, and that the program will expire on April 30, 2006, unless extended by the Tribal Council.

BE IT FURTHER RESOLVED by the Tribal Council of the White Mountain Apache Tribe that this resolution shall supersede prior Resolution No. 05-2005-125.

The foregoing resolution was on NOVEMBER 9, 2005, duly adopted by a vote of EIGHT for and ZERO against by the Tribal Council of the White Mountain Apache Tribe, pursuant to authority vested in it by the Article IV, Section 1 (a), (b), (h), (s), (t) and (u) of the Constitution of the Tribe, ratified by the Tribe September 30, 1993, and approved by the Secretary of the Interior on November 12, 1993, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).


Chairman of the Tribal Council


Secretary of the Tribal Council

Attachment "A"

The following is a complete listing of Departments, Enterprises, and Outside Entities where annual leave will be used to pay off debts owed.

1. Apache Enterprise - Accounts Receivable
(Convenience Stores, Auto, Tire)
2. Cibecue Commercial Center - Accounts Receivable
(Variety, Grocery)
3. Whiteriver Commercial Center – Accounts Receivable
(Variety, Doxol, Restaurant)
4. Agriculture – Accounts Receivable
5. Hondah Home Center – Accounts Receivable
6. Central Business Office
(Payoff of Payroll Advances, Voluntary deductions for contributions)
7. Cellular One – Accounts Receivable
8. Public Works, Solid Waste, Utility – Accounts Receivable
9. Maintenance – Accounts Receivable
10. Hondah Casino – Accounts Receivable
11. Chaghache Day Care Center
12. Educational Institutions – Tuition, Fees and Other Education Related Expenses
13. Apache Housing Authority
14. Revolving Credit

USAGE OF ANNUAL LEAVE TO PAY BILLS OWED TO WMAT

2005-2006

Pay Bills owed to WMAT Tribal Depts./Enterprises

The SUPERVISOR'S SIGNATURE provided on the Annual Leave Slip Form authorizes this employee to use Annual Leave Hours to pay Debts owed to the WMAT.

PLEASE PRINT

EMPLOYEE NUMBER _____
 Dept. No. _____
 WHERE YOU WORK AT _____
 Phone number _____

2005 Pursuant to WMAT Resolution#05-2005-125, approved May 02, 2005 (Annual Leave pmt good
 2006 until April 30, 2006, unless extended by the WMAT Tribal Council) I can use my
 accrued annual leave hours available to pay debt(s) owed to the WMAT. I understand
 I can use this method of payment provided I do have enough Annual Leave
 remaining and that I further understand that I must retain 40 hrs of Annual leave.
 (e.g. If you have 100 hrs AL, you can use 60 hrs, leaving you with 40 hrs.)
Hondah Casino and FATCO employees not eligible to use AL to pay debts due to their Personnel Policies.

I have read and understand the above statement.

SIGNATURE _____ Date: _____

Annual Leave Balance is _____ as of _____, 2005.

Request to use _____ Hours to reduce debts I owe.

Request to apply against the amounts owed listed below.

2005 Amount _____ Location _____
 2006 Amount _____ Location _____
 Amount _____ Location _____
 Total _____

Calculating Payoff: Your Annual Leave Hours (to be used) times your hourly pay rate, from that Gross Amount deduct taxes, social security, and other required deductions. Then, after required deductions are taken out, the remaining amount (Net Pay) will be applied to what you owe. See Below.

SECTION BELOW IS FOR ADMINISTRATION USE ONLY

GROSS PAY

Required Deductions

DEDUCT CODE	\$ AMT		()
		FIT (Fed Inc Tax)	()
		FICA (Social Security)	()
		Medicare	()
		State Tax (if applicable)	()
		Pension	()

Employees under a Grants/Contracts Program, will need to have this form approved by the Grants & Contracts Office.

Net Amount - after required deductions---> _____ ;<-- Amt to be applied towards bill(s) owed.

Tribal Business Office APPROVES DISAPPROVES Date _____, 2005. _____
 Authorized Signature

Attached---: AL Balance printed _____, 2005 Provided by _____
 Attached---: AR Balance printed _____, 2005 Provided by _____

Your signed Annual Leave Slip must be ATTACHED to this form along with a copy of your accrued annual leave hours and also have attached, your Accounts Receivable statement (Invoice), showing how much you owe.

This form Good Until April 2006



WHITE MOUNTAIN APACHE TRIBE REQUEST FOR LEAVE PAYMENT

DATE _____

LAST NAME, FIRST, M.I. _____

DEPARTMENT/ENTERPRISE/PROGRAM _____

SOCIAL SECURITY NO. _____

NOTE: LEAVE AUTHORIZATION IN EXCESS OF THAT TO YOUR CREDIT WILL BE CHARGED TO LEAVE WITHOUT PAY.

TYPE OF LEAVE		DATE FROM	DATE TO	TOTAL HOURS REQUESTED
ANNUAL	<input type="checkbox"/>	_____	_____	_____
SICK	<input type="checkbox"/>	_____	_____	_____
EDUCATIONAL	<input type="checkbox"/>	_____	_____	_____
PROFESSIONAL	<input type="checkbox"/>	_____	_____	_____
COURT	<input type="checkbox"/>	_____	_____	_____
BEREAVEMENT (2 DAYS)	<input type="checkbox"/>	_____	_____	_____
LEAVE WITHOUT PAY	<input type="checkbox"/>	_____	_____	_____
COMPENSATORY TIME	<input type="checkbox"/>	_____	_____	_____

IF YOUR ILLNESS WAS IN EXCESS OF TWO (2) DAYS, YOU MUST HAVE YOUR PHYSICIAN COMPLETE THE FOLLOWING INFORMATION AND HAVE THE SIGNATURE OF SAME.

THE ABOVE NAMED EMPLOYEE OF THE WHITE MOUNTAIN APACHE TRIBE WAS UNABLE TO WORK DUE TO THE FOLLOWING REASON.

UNABLE TO WORK:

FROM _____ TO _____

SIGNATURE OF APPROVING OFFICER _____

SIGNATURE OF PHYSICIAN _____

PHONE _____

DATE _____

SIGNATURE OF EMPLOYEE _____

DATE _____

DATE _____

**ATTACH WHITE COPY
TO THE TIME SHEET**

PERSONNEL
AUTHORIZATION _____