

LEECH LAKE BAND OF OJIBWE
PREMIUM PAY APPLICATION FOR FORMER EMPLOYEES

Name: _____ Phone #: _____

Mailing address: _____ Email: _____

Former Employer: Government Gaming Tribal College Housing

Employee ID: _____

Job Title: _____

Did you telework from a residence exclusively while employed by a Leech Lake Band of Ojibwe entity during the period 8/16/2020 – 6/30/2021?

Yes No

Did your work for a Leech Lake entity during the above dates require regular in-person interaction with anyone outside of your immediate household?

Yes No

Did your work for a Leech Lake entity during the above dates regularly require physically handling items (including documents) that were handled by others outside of your immediate household?

Yes No

Attestation: I certify that I have answered the above questions truthfully and accurately to the best of my ability.

Signature: _____

Date: _____
