



LOUISIANA STATE UNIVERSITY

APPLICATION FOR LEAVE

SECTION: _____

NAME: _____

Requests _____ Hours of Leave

TYPE OF LEAVE:

☐

ANNUAL

☐

SICK

☐

LEAVE WITHOUT PAY

☐

COMPENSATORY

☐

Other

REMARKS:

BEGIN DATE: _____

BEGIN TIME: _____

END DATE: _____

END TIME: _____

** I certify that my absence from duty was for the reason noted.*

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____