LOUISIANA STATE UNIVERSITY

APPLICATION FOR LEAVE

SECTION _____

NAME _____ REQUESTS _____ HOURS OF LEAVE

☐ ANNUAL ☐ SICK ☐ LEAVE WITHOUT PAY

☐ COMPENSATORY ☐ OTHER REMARKS _____

BEGINNING _____ ENDING _____

date time date time

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

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____