

# 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 \_\_\_\_\_