LSU
LOUISIANA STATE UNIVERSITY-EUNICE
EUNICE

LEAVE FORM

☐ ANNUAL ☐ SICK ☐ COMP ☐ LWOP ☐ OTHER _____

NAME: _____

PERIOD OF ABSENCE: FROM: _____ ☐ A.M. ☐ P.M. _____

TO: _____ ☐ A.M. ☐ P.M. _____

TOTAL HOURS: _____

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

SIGNED: _____ DATE: _____
(EMPLOYEE)

APPROVED: _____ DATE: _____
(DEPARTMENT HEAD)

APPROVED: _____ DATE: _____
(REVIEWING AUTHORITY)

REMARKS: _____

_____

REVISED 8/5/97