



LSUHSC Auxiliary Enterprises

Application for Leave

Employee Name: \_\_\_\_\_ (please print)

This is a request for \_\_\_\_\_ hours of:

Annual Leave

Educational Leave

Sick Leave

FMLA

Military Leave

Leave Without Pay  
*(Explain in Justification area below.)*

Special Leave  
*(Explain in Additional Notes area below.)*

for the period beginning: \_\_\_\_\_ A.M. \_\_\_\_\_ 20 \_\_\_\_\_  
\_\_\_\_\_ P.M. \_\_\_\_\_ 20 \_\_\_\_\_

and ending: \_\_\_\_\_ A.M. \_\_\_\_\_ 20 \_\_\_\_\_  
\_\_\_\_\_ P.M. \_\_\_\_\_ 20 \_\_\_\_\_

Justification and/or person to cover in your absence:  
*(Managers/Supervisors use this space to show the impact this absence will have on your section)*

Additional Notes:

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Supervisor/Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Manager/Date

\_\_\_\_\_  
Approval of Director/Date

\_\_\_\_\_  
Assistant/Associate Director/Date