

H. Leave Request Form

Important Note: Read section “V.G Student Leave Policy” of this handbook before filling out this form. It explains how to correctly complete the form. Any submitted form that is incomplete or incorrectly will be rejected.

LOUISIANA STATE UNIVERSITY			
APPLICATION FOR LEAVE			
SECTION	_____		
NAME	_____	REQUESTS	_____ HOURS OF LEAVE
<input type="checkbox"/> ANNUAL	<input type="checkbox"/> SICK	<input type="checkbox"/> LEAVE WITHOUT PAY	
<input type="checkbox"/> COMPENSATORY	<input type="checkbox"/> 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	_____

Form MEDP-LEAVE-1, Revised Feb. 5, 2021

Note 1: Submit completed form to MEDP program coordinator.

Note 2: Hours of leave requested should include hours during normal business hours. Time during weekends and observed holidays should not be included.

Note 3: “Section” and “Remarks” are optional fields. All other information must be provided. See section on Student Leave Policy for detailed instructions.