

**NORTHWESTERN STATE UNIVERSITY  
REQUEST FOR LEAVE**

CLASSIFIED

FACULTY

NON-CLASSIFIED

TO: \_\_\_\_\_  
Supervisor and/or Budget Unit Head Date

FROM: \_\_\_\_\_  
Employee (Print Name) Budget Unit Title

TYPE OF LEAVE REQUESTED

ANNUAL       SICK (1)                       LWOP                       COMPENSATORY

MILITARY       FMLA - SICK                       FMLA - Annual       FMLA - LWOP

CIVIL:              { } Jury Duty    { } Witness Duty    { } Civilian National Defense    { } Voting  
                          { } Act of God: \_\_\_\_\_  
                          { } Local Conditions: \_\_\_\_\_

OTHER              { } Worker's Comp: \_\_\_\_\_  
                          { } Bereavement: \_\_\_\_\_  
                          { } Faculty Other (1,2): \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Signature

SOCIAL SECURITY NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF LEAVE: \_\_\_\_\_ AM \_\_\_\_\_ PM

DATE LEAVE TERMINATES: \_\_\_\_\_ AM \_\_\_\_\_ PM

TOTAL HOURS TAKEN \_\_\_\_\_

HOW DUTIES ARE TO BE PERFORMED IN ABSENCE OF EMPLOYEE: \_\_\_\_\_  
\_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Supervisor

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Budget Unit Head

(1) Denotes applicable leave for faculty members.

(2) Faculty Other Leave must be approved by the President and may be charged against sick leave in accordance with University of Louisiana System Board of Supervisors Policy.

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_  
President, for Faculty Other Leave Only

\*NOTE: Must be approved and returned to the employee to be attached to the Employee's Daily Attendance and Leave Report. For Faculty, this form is retained by the Budget Unit Head to be submitted with the monthly "Sick Leave Report for Faculty Employees."