

SOUTHERN UNIVERSITY SYSTEM

APPLICATION FOR LEAVE		SUBR	SULC	SUAREC	SUS	SUNO	SUSLA	
LAST NAME		FIRST NAME		M.I.		TODAY'S DATE		
BANNER ID		DEPT						
AMOUNT OF LEAVE REQUESTED (IN HOURS, i.e. 24):								
DURATION OF LEAVE (IF APPLICABLE, hours- 2pm-5pm):								
DATES OF LEAVE (DATES 4/1-3/15):								
TYPE OF LEAVE REQUESTED (select as applicable):								
ANNUAL <input checked="" type="checkbox"/>	SICK <input type="checkbox"/>	COMP <input type="checkbox"/>	FUNERAL <input type="checkbox"/>	CIVIL <input type="checkbox"/>	MILITARY <input type="checkbox"/>	LWOP <input type="checkbox"/>	OTHER <input type="checkbox"/>	
REASON FOR ABSENCE:								
I certify that my absence was for the reasons noted above. Falsification of this request or supporting documentation is grounds for disciplinary actions up to and including termination of employment. I understand that the status of this request is subject to (although not exclusively) to available leave balances .								
EMPLOYEE'S SIGNATURE:								
ADMINISTRATIVE APPROVALS: SUPERVISORS MUST VERIFY THAT LEAVE TYPE AND DURATION IS ADEQUATE. EMPLOYEES REQUESTING LEAVE SHOULD BE GIVEN A COPY OF THIS FORM ONCE APPROVED OR NOT APPROVED								
APPROVED		DISAPPROVED		BY SUPERVISOR/DEPARTMENT HEAD				
APPROVED		DISSAPROVED		BY HUMAN RESOURCES DEPARTMENT				
APPROVED		DISSAPROVED		BY PRESIDENT AND/OR CHANCELLOR				
UNVERIFIED BALANCES MAY RESULT IN DEDUCTIONS OF FUTURE SALARY PAYMENTS WHEN LEAVE IS NOT AVAILABLE. LEAVE TYPES IN THIS DOCUMENT ARE GENERAL AND APPLY TO MOST SITUATIONS. FOR OTHER TYPES (FMLA, SABATICAL, WORKER'S COMPENSATION, ETC) OTHER FORMS MAY APPLY. THIS DOCUMENT DOES NOT REPLACE OR CHANGE SOUTHERN UNIVERISTY SYSTEM RULES, POLICES, NOR FEDERAL, STATE LAW. PLEASE CONTACT YOUR HUMAN RESOURCES DEPARTMENT FOR MORE INFORMATION								
PHYSICIAN'S CERTIFICATION								
I certify that the above named person was under my care for an illness or injury which incapacitated the employee for duty during the following period					From		To	
Date					Doctor's Signature			