Payroll Date:

Department:

LSUS requires that all employees submit a *Leave Request Form* to their supervisor for any time taken off of work. Each department has a designated employee to enter time into payroll. Refer to PM-20 for further explanation of leave policies.

By signing this form, you are certifying that all of the leave you have taken during the semi-monthly pay period is entered into payroll. The leave taken, together with your hours worked, plus paid holidays equals, on average at least 40 hours per week or the pro-rated equivalent for your percent of effort.

___________________________________  ____________________
Employee Name (print)                  Signature

___________________________________  ____________________
Employee Name (print)                  Signature

___________________________________  ____________________
Employee Name (print)                  Signature

___________________________________  ____________________
Employee Name (print)                  Signature

___________________________________  ____________________
Employee Name (print)                  Signature

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Employee Name (print)                  Signature

___________________________________  ____________________
Employee Name (print)                  Signature

___________________________________  ____________________
Employee Name (print)                  Signature

Any employee, who has worked at LSUS for one year and 1250 hours that is sick for longer than three days, should contact Human Resources to apply for Family Medical Leave.

___________________________________  ____________________
Department Head/Supervisor Signature   Date

NOTE: This form should be retained in the immediate supervisor’s office for a period of six (6) years for audit purposes.