

SOUTHEASTERN LOUISIANA UNIVERSITY
HAMMOND, LOUISIANA

Period Beginning _____

Ending _____

Department _____

FACULTY ABSENCE REQUEST

CODE FOR TIME TO BE PAID

B - Sick Leave
ACT - ACT 508

CODE FOR TIME NOT TO BE PAID

O - On Leave Without Pay

NAME & EMPLID. #	Faculty/GA Certification * (Initial)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

ATTENDANCE CERTIFIED CORRECT

Department Head Approval _____